fraserhealth

Preprinted order for Residents with Confirmed COVID-19 or Residents with Testing Result Pending in Long Term Care Homes

Version 2 - DRAFT

Barcode

DRUG & FOOD ALLERGIES

- **Mandatory** **Optional: Prescriber check (□) to initiate, cross out and initial any orders**

- Review Advance Care Planning documents (ACP Record, Advance Directive, Representation Agreements, Identification of SDM List)
- Initiate or engage in conversations (utilize SICG SDM COVID-19), document on ACP Record
- Update MOST with resident & SDM based on above
- If a transfer to acute care is recommended by the MRP, MRP to call receiving ER physician to discuss and accept transfer before calling EHS. Resident to wear a surgical mask during transportation.

INFECTION PREVENTION AND CONTROL:

- Isolation and droplet precautions for all residents with suspected or confirmed COVID-19.
- Cohorting and isolating residents with positive swab results, to reduce risk of transmission to others
- Please assure staff have reviewed proper donning and doffing techniques
- All Aerosol Generating Procedures (AGP) including nebulized medications, CPAP, nocturnal BiPAP and high flow oxygen should be stopped for all residents in the facility unless deemed clinically essential.
- Consider nocturnal oxygen instead of CPAP treatment. If nocturnal BiPAP use is essential, the resident should be in a private room, on airborne precautions.

MONITORING:

- Vital signs (BP, HR, RR, O_2, Temperature) once daily and as clinically required
- Monitor resident's clinical status, symptoms, and comfort twice per shift
- Use O_2 PRN up to 6 L/min via Nasal Prong to maintain an O_2 sat of 92% or greater
- If on O_2 6 L/min via Nasal Prong and resident unable to maintain an O_2 sat greater than 92%, continue O_2 at 6 L/min and start medications to support comfort with increasing respiratory distress

MEDICATIONS**:**

Routine corticosteroids are to be avoided in COVID-19 patients unless evidence of COPD/asthma exacerbation. Supply of bronchodilator inhalers is limited; order selectively for appropriate clinical indications (e.g. wheezing)

ANALGESICS AND ANTIPYRETICS:

- Treat fever only if presenting with associated discomfort:
- **acetaminophen** 650 mg PO/ rectal Q6H PRN for pain/fever
- □ Maximum **acetaminophen** from all sources 4000 mg per 24 hours
  OR
- □ Maximum **acetaminophen** from all sources 2000 mg in 24 hours (advanced liver disease)

Date (dd/mm/yyyy):	Time:	Prescriber Signature:		Printed Name and College ID:

SHORTNESS OF BREATH:

- ☐ **HYDROmorphone** 0.25 mg subcutaneous or 0.5 mg PO Q4H PRN
  OR
- ☐ **HYDROmorphone** _____

- Consider adjusting the opioid dose if resident is already receiving scheduled narcotics and/or if comfort needs are not met despite PRN opioid use
- If resident is unable to maintain O_2 sat and is experiencing increased respiratory distress, consider reviewing goals of care. Consider actively dying protocol initiation

ANTIBIOTICS

- Antibiotics not recommended for outpatients with COVID-19 who do not require supplemental oxygen.
- Consider antibiotics if suspected bacterial co-infection, rapidly increasing supplemental oxygen requirements, or evidence of sepsis.

☐ **azithromycin** 500 mg PO daily x 3 days (caution if prolonged QTc)

AND ONE OF:

- ☐ **amoxicillin-clavulanate** 500 mg-125 mg PO TID x 5 days if eGFR greater than or equal to 30 mL/min
- ☐ **amoxicillin-clavulanate** 500 mg-125 mg PO BID x 5 days if eGFR less than 30 mL/min

OR

IF SEVERE PENICILLIN ALLERGY:

☐ **MOXIfloxacin** 400 mg PO daily x 5 days (addition of **azithromycin** not necessary)