



**Pre-printed Orders**

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Page No. _____	<b>Allergies:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES (specify reaction): _____
<b>Suspected COVID-19 Infection – Ward Admission Orders</b>	
<b>Date:</b> _____ <b>Time:</b> _____	
<b>Admit to:</b> _____ under Dr. _____	
<p><b>Infection Control Status:</b></p> <p><b>MD instructions: (shaded sections)</b></p> <ul style="list-style-type: none"> <li>▪ Contact Infection Prevention and Control if not already notified</li> <li>▪ Contact the Medical Microbiologist on call to notify them that the patient is a “R/O COVID-19”</li> <li>▪ Clinician to put in brackets next to the patient’s diagnosis on the e-sign out sheet: “R/O COVID-19” to alert other staff (e.g. pneumonia (R/O COVID-19))</li> </ul> <p><input type="checkbox"/> Suspected COVID-19: Droplet and Contact Precautions (Private Room)</p> <p><input type="checkbox"/> Confirmed COVID-19: Droplet and Contact Precautions (Private Room)</p> <ul style="list-style-type: none"> <li>▪ <u>Airborne &amp; Droplet plus Contact precautions are required for aerosol generating medical procedures on Suspected/Confirmed COVID-19 patients.</u></li> <li>▪ In the event of respiratory deterioration, initiate airborne precautions in addition to Droplet &amp; Contact Precautions.</li> <li>▪ If patient has a tracheostomy, initiate airborne precautions in addition to Droplet &amp; Contact Precautions.</li> </ul> <p><input type="checkbox"/> Suspected COVID-19: Airborne &amp; Droplet plus Contact Precautions (Negative Pressure Room)</p> <p><input type="checkbox"/> Confirmed COVID-19: Airborne &amp; Droplet plus Contact Precautions (Negative Pressure Room)</p> <ul style="list-style-type: none"> <li>▪ If patient must leave their isolation room (e.g. for a radiological test) – please refer to transportation policy for patients with suspected or confirmed COVID-19.</li> </ul> <p><b>Do not remove patients from precautions without consulting Infection Prevention and Control (IPAC)</b></p> <p>Screen for MRSA/VRE/CPE if</p> <ul style="list-style-type: none"> <li>▪ Patient transferred from or previous admission to any healthcare facility in past year, or previous “+” MRSA/VRE/CPE</li> <li>▪ Patient is admitted to MSICU, Internal Medicine, 7CCV or CVICU.</li> </ul> <p><input type="checkbox"/> MRSA/VRE/CPE Screen – Nasal &amp; Rectal Priority = PRN</p> <p>Screen for CPE (with a rectal swab) if patient:</p> <ul style="list-style-type: none"> <li>▪ Travelled within the last year to South Asia (e.g. India and Pakistan or Bangladesh);</li> <li>▪ Underwent any surgery (including day surgery, cosmetic surgery etc.) or hemodialysis outside of Canada in the past 12 months;</li> <li>▪ Had contact with a known case of CPE;</li> <li>▪ Transferred from any facility with a CPE outbreak or CPE transmission;</li> <li>▪ Was previously colonized or infected with CPE at any time.</li> </ul> <p><input type="checkbox"/> CPE Screen – Rectal Priority = PRN</p> <ul style="list-style-type: none"> <li>▪ CPE urine screen is required for patients who meet indications for CPE screening above and have an indwelling urinary catheter</li> </ul> <p><input type="checkbox"/> CPE Screen – Urine Priority =PRN</p>	

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<b>Suspected COVID-19 Infection – Ward Admission Orders</b>	
<p><b>Code status:</b></p> <ul style="list-style-type: none"> <li>▪ Goals of care discussion should be initiated early following hospital admission given the potential for rapid deterioration following onset of dyspnea and hypoxemia.</li> <li>▪ Early establishment of goals of care may also reduce unnecessary utilization of limited critical care resources.</li> </ul> <p><input type="checkbox"/> Full Code</p> <p><input type="checkbox"/> No CPR: Advanced Life Support</p> <p><input type="checkbox"/> No CPR: General Medical Care</p> <p><input type="checkbox"/> No CPR: Comprehensive Comfort Care</p>	<b>Transcribed</b>
<p><b>Diet:</b></p> <p><input type="checkbox"/> NPO</p> <p><input type="checkbox"/> Regular</p> <p><input type="checkbox"/> Diabetic - Insulin</p> <p><input type="checkbox"/> Diabetic – No Insulin</p> <p><input type="checkbox"/> Diet: (Specify Details)</p>	
<p><b>Activity:</b></p> <p><input type="checkbox"/> Activity as tolerated</p> <p><input type="checkbox"/> Bedrest</p> <p><input type="checkbox"/> Bedrest Bathroom Privileges with Assistance</p> <p><input type="checkbox"/> Bedrest Head of Bed at 30 Degrees</p> <p><input type="checkbox"/> Activity: (Specify Details)</p>	
<p><b>Monitoring:</b></p> <p><input checked="" type="checkbox"/> For any patients on FiO2 greater than 28% by VentiMask, vital signs to be performed q4h</p> <p><input type="checkbox"/> Heart Rate, Blood Pressure, Respiratory Rate, O<sub>2</sub> saturation, Temperature and Pain Score q12h</p> <p><input type="checkbox"/> Heart Rate, Blood Pressure, Respiratory Rate, O<sub>2</sub> saturation, Temperature and Pain Score q8h or</p> <p><input type="checkbox"/> Heart Rate, Blood Pressure, Respiratory Rate, O<sub>2</sub> saturation, Temperature and Pain Score q4h</p> <p><input type="checkbox"/> Vital Signs (Specify Details)</p> <p><input type="checkbox"/> Capillary blood glucose by glucometer TID before meals and QHS. Notify prescriber if less than 4 mmol/L or greater than _____ mmol/L</p> <p><input type="checkbox"/> Capillary blood glucose by glucometer TID 2 hours after each meal. Notify prescriber if less than 4 mmol/L or greater than _____ mmol/L</p> <p><input type="checkbox"/> Capillary blood glucose by glucometer q_____h. Notify prescriber if less than 4 mmol/L or greater than _____ mmol/L</p> <p><input type="checkbox"/> Weigh on Admission</p> <p><input type="checkbox"/> Weigh on Admission and Daily</p> <p><input type="checkbox"/> Weigh every Monday</p> <p><input type="checkbox"/> Weigh Daily</p>	
<p><b>Respiratory Care:</b></p> <p><b>For Patient Requiring Escalated Respiratory Care:</b></p> <p>For all patients with suspected, probable or confirmed COVID-19 infection requiring Face mask (any FiO<sub>2</sub>):</p>	

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<b>Suspected COVID-19 Infection – Ward Admission Orders</b>	
<p><input checked="" type="checkbox"/> Do not initiate Non-invasive Mechanical Ventilation or High Flow Nasal Cannula without consulting CCRT</p> <p><input checked="" type="checkbox"/> <i>If patient requires a Face mask (any FiO2):</i> IV line or saline lock must be in situ at all times (minimum single 20 G IV)</p> <p><input checked="" type="checkbox"/> <i>If patient requires a Face mask (any FiO2):</i> Non-rebreathing mask with filter on exhalation port (e.g. HiOx80, Tavish mask) and appropriate oxygen connector must be present in the room</p> <p><input checked="" type="checkbox"/> <i>If patient requires a Face mask (any FiO2):</i> Manual resuscitation bag with appropriate filter placed between mask and the bag must be present in the room</p> <p><input checked="" type="checkbox"/> <i>If patient requires a Face mask (any FiO2):</i> A step-stool inside the room (to facilitate quality of chest compressions, if needed)</p> <p><input checked="" type="checkbox"/> In the event of respiratory deterioration, initiate Airborne &amp; Droplet plus Contact Precautions.</p> <p><input checked="" type="checkbox"/> If patient has a tracheostomy, notify Respiratory Therapist.</p> <p><input checked="" type="checkbox"/> Do NOT administer nebulized medications or treatment.</p> <p><input type="checkbox"/> Oxygen by nasal prongs at ___ L/Min if oxygen saturation less than 90%</p> <p><input type="checkbox"/> Oxygen by face mask at ___ % FiO2 if oxygen saturation less than 90%</p> <p><input type="checkbox"/> Titrate oxygen to maintain O2 saturation greater than 92%</p> <p><input type="checkbox"/> Titrate oxygen to maintain O2 saturation between 88-92% (COPD patient)</p> <p><input type="checkbox"/> Blood gases arterial on room air</p> <p><input type="checkbox"/> Blood gases arterial on current FiO2</p>	<b>Transcribed</b>
<p><b>Laboratory</b></p> <p><input checked="" type="checkbox"/> <b>Lab Care Orders:</b></p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Label ALL bags as COVID-19. ALL specimens from suspected or confirmed COVID-19 MUST be double-bagged and hand delivered (do not put in pneumatic tube). Separate microbiology specimens from ALL other lab samples (i.e. put microbiology samples in separate double bags)</p> <p style="background-color: #e0e0e0;">If not already performed, COVID-19 virus detection – Nasopharyngeal swab kit (available through Microbiology x5381).</p> <p style="background-color: #e0e0e0;">All COVID-19 kits include instructions and mandatory PHOL paper requisition.</p> <p style="background-color: #e0e0e0;">Influenza virus detection and COVID-19 virus detection will be run on the same NP swab to conserve NP swabs.</p> <p><b>On admission</b> (if not already done in Emergency Dept or in clinic):</p> <p><input type="checkbox"/> CBC x 1</p> <p><input type="checkbox"/> Lytes (Na, K, CO2, CL), Creatinine x 1</p> <p><input type="checkbox"/> Liver Function Panel (AST, ALT, ALP, Tot Bili, Albumin) x 1</p> <p style="background-color: #e0e0e0;"><b>Consider testing for other causes of infection.</b></p> <p><input type="checkbox"/> Blood cultures x 2 (different sites)</p> <p><input type="checkbox"/> Sputum C&amp;S</p> <p><input type="checkbox"/> Urinalysis Macroscopic</p> <p><input type="checkbox"/> Urine Culture- Midstream</p> <p><input type="checkbox"/> Urine Culture- Catheter</p>	

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<input type="checkbox"/> Legionella Antigen – urine  <input checked="" type="checkbox"/> Do not use any Point-of-Care lab testing at the bedside with the exception of glucometer testing. Do not perform urinalysis at the bedside. Instead, send down to Core Lab for testing. Dedicated glucometers can be provided for patients in isolation (x2099 for further info).  Routine repeat blood work is NOT recommended. The need for repeat lab tests should be reassessed as clinically indicated based on the patient's clinical status. Avoid unnecessary lab tests to minimize the risk of exposure to lab personnel. Do not order group & screen unless the patient's haemoglobin is less than 80 g/L or is actively bleeding. Avoid stool sample if possible.	<b>Transcribed</b>
<b>Imaging:</b> If not already done in the emergency department <input type="checkbox"/> Portable Chest XRAY – Assess pneumonia – Suspected COVID-19 Infection	
<b>Consults:</b> <input checked="" type="checkbox"/> Infection Control Consult: Assessment and Implement Recommendations Reason for request: Prior to changing or discontinuing isolation precautions. <input checked="" type="checkbox"/> Consult CCRT when oxygen requirements exceed 40% FiO2 or when patient demonstrating signs of clinical deterioration (i.e. HR greater than 110, sBP less than 100) or respiratory fatigue/distress (RR greater than 20).	
<b>IV Access / Fluids</b> <input type="checkbox"/> Saline Lock; Flush per Peripheral IV Protocol (20 G IV Minimum)	
<b>Medications:</b>	
<b>Prescriber instructions: DO NOT ADMINISTER NEBULIZED MEDICATIONS OR TREATMENTS.</b>	
<b>Venous Thromboembolism (VTE) Prophylaxis</b>	
<b>Prescriber instructions:</b> Risk for Venous thromboembolism (VTE) to be assessed for ALL admitted patients.	
<input type="checkbox"/> <b>No venous thromboembolism prophylaxis required because patient is receiving therapeutic anticoagulation.</b>	
<input type="checkbox"/> <b>Patient has contraindications* to anticoagulation and at moderate/high risk for VTE:</b> <input type="checkbox"/> Intermittent pneumatic compression devices (MD to reassess daily) <input type="checkbox"/> Intermittent pneumatic compression devices NOT appropriate. Reason: _____ *Reason for contraindication to anticoagulation (check all that apply): <input type="checkbox"/> Active bleeding <input type="checkbox"/> High risk for bleeding <input type="checkbox"/> Platelet count less than 50 x 10 <sup>9</sup> /L <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Other <input type="checkbox"/> Patient refuses VTE prophylaxis and is at moderate/high risk for VTE	
<b>Medical Patients:</b> <b>Low Risk</b> (fully mobile, expected length of stay less than 48 hours):	

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<input type="checkbox"/> No anticoagulation indicated <b>Moderate Risk / High Risk:</b> <input type="checkbox"/> Dalteparin 2,500 units subcut q24h (for those less than 50 kg) <input type="checkbox"/> Dalteparin 5,000 units subcut q24h <input type="checkbox"/> Dalteparin 7,500 units subcut q24h (for those greater than 100 kg)		
<b>Monitoring:</b> Order CBC for platelet count if not already counted. <input type="checkbox"/> CBC every week (to assess platelet count while on heparin/dalteparin); Priority = AM Collection		

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