



## COVID-19 Suspect/Confirmed Post-Intubation Standard Orders

Client: \_\_\_\_\_  
 \_\_\_\_\_  
 DOB (yyyy/mmm/dd): \_\_\_\_\_  
 HRN / MHSC: \_\_\_\_\_  
 PHIN #: \_\_\_\_\_  
 Addressograph/Place Label Here

*These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.  
 Patient allergy and contraindications must be considered when completing these orders.*

Automatically activated, if not in agreement, cross out and initial   
  Activated by checking the Box

**Drug Allergies:**  No     Yes (Describe): \_\_\_\_\_    **Weight:** \_\_\_\_\_ kg  Estimated  Actual

Medication	General Orders
<p><input type="checkbox"/> acetaminophen 975 mg to 1000 mg OG q6h PRN  <b>For patients with Room Air Saturation less than 92% OR patients requiring oxygen to keep Oxygen Saturation greater than or equal to 92%</b>  <input type="checkbox"/> dexamethasone 6 mg OG or IV q24h x 10 days</p> <p><b>Antimicrobial therapy:</b></p> <p><input type="checkbox"/> cefTRIAxone 2 g IV initial dose  <input type="checkbox"/> azithromycin 500 mg IV initial dose  <input type="checkbox"/> oseltamivir 75 mg OG initial dose (order if high probability of influenza and symptom onset less than 48 hours)</p> <p><b>Sedation and Analgesia:</b></p> <p><input type="checkbox"/> ketamine IV once (20 minutes after initial RSI dose)  <input type="checkbox"/> Less than 100 kg = 100 mg  <input type="checkbox"/> More than 100 kg = 150 mg</p> <p>If transfer to ICU will be delayed, consider initiating the following:</p> <p><input type="checkbox"/> midazolam  <input type="checkbox"/> _____ mg IV q5minutes PRN (usual dose: 1 to 2 mg)  <input type="checkbox"/> _____ mg/hour IV continuous infusion (usual dose: 1 to 8 mg/hour)  <input checked="" type="checkbox"/> Administer additional boluses prior to increasing infusion rate  <input checked="" type="checkbox"/> Infusion rate may be increased or decreased q30min by 1 to 2 mg/hour to achieve desired level of sedation  <input checked="" type="checkbox"/> Call prescriber if rate greater than _____mg/hour(usual 10 mg)</p> <p><input type="checkbox"/> fentaNYL  <input type="checkbox"/> _____ mcg IV q10 minutes (usual dose 25 mcg to 50 mcg)  <input type="checkbox"/> _____mcg/hour IV continuous infusion(usual 25 mcg to 50 mcg/hour)  <input checked="" type="checkbox"/> Administer additional boluses prior to increasing infusion rate  <input checked="" type="checkbox"/> Infusion rate may be increased or decreased q30min by 25 to 50 mcg/hour to achieve desired level of sedation  <input checked="" type="checkbox"/> Call prescriber if rate greater than _____mg/hour(usual 100 mcg)</p> <p><b>Paralytic:</b></p> <p><input type="checkbox"/> Rocuronium _____mg IV once 30-60 minutes after initial RSI dose (usual dose: 0.6 to 1.2 mg/kg). Note the ventilator settings may require adjustment. Thereafter, sedation should be titrated to desired level of sedation.</p> <p><b>Vasopressor support:</b></p> <p><input type="checkbox"/> norepinephrine _____ mcg/kg/minute IV continuous infusion (usual dose 0.01 to 0.4 mcg/kg/min)</p> <p>If greater than or equal to 0.2 mcg/kg/min norepinephrine is required to achieve MAP goal, ADD:</p> <p><input type="checkbox"/> vasopressin _____ units/hour IV infusion (usual dose: 2.4 units/hour)</p>	<p><input checked="" type="checkbox"/> Consult Medical ICU attending at HSC (204-787-2071)</p> <p><input checked="" type="checkbox"/> <b>Droplet and Contact Precautions</b> (<i>procedure mask</i> and associated PPE to be donned)</p> <p><input checked="" type="checkbox"/> <b>Airborne Precautions</b> (N95 mask and associated PPE to be donned) if performing aerosol generating medical procedures</p> <p><input checked="" type="checkbox"/> Consult Infection Control Practitioner</p> <p><b>Catheters:</b></p> <p><input checked="" type="checkbox"/> Establish peripheral venous access  <input checked="" type="checkbox"/> Place orogastric tube (x-ray before use)  <input checked="" type="checkbox"/> Place urinary catheter</p> <p><b>Laboratory investigations:</b></p> <p><input checked="" type="checkbox"/> Blood sample for cultures x 2 sites  <input checked="" type="checkbox"/> Endotracheal secretions for aerobic bacterial culture and viral studies  <input checked="" type="checkbox"/> CBC  <input checked="" type="checkbox"/> Na, K, CL, total CO<sub>2</sub>, glucose, urea, creatinine  <input checked="" type="checkbox"/> Bilirubin total, AST, ALT, LDH, albumin  <input type="checkbox"/> Troponin (full ACS work up to be considered)  <input checked="" type="checkbox"/> PT/INR  <input type="checkbox"/> Blood gas  <input type="checkbox"/> Ca, Mg, PO<sub>4</sub>  <input type="checkbox"/> CRP</p> <p><b>Diagnostic imaging:</b></p> <p><input checked="" type="checkbox"/> Chest x-ray (portable if available) after insertion of all lines and tubes x 1  <input checked="" type="checkbox"/> ECG</p> <p><b>Monitoring parameters:</b></p> <p><input checked="" type="checkbox"/> Goal MAP 60-65 mmHg  <input checked="" type="checkbox"/> Goal SpO<sub>2</sub> 90-96%  <input checked="" type="checkbox"/> Goal RASS Score -2 to -3  <input checked="" type="checkbox"/> Record ins and outs q1h  <input checked="" type="checkbox"/> Ensure metabolic derangement is corrected  <input checked="" type="checkbox"/> Assess for organ failure</p>

PRESCRIBER'S SIGNATURE: _____	PRINTED NAME: _____	Date _____	Time _____
Order Transcribed		FAX TO PHARMACY	
Date: _____	Time: _____	Init: _____	Init: _____



**COVID-19 Suspect/Confirmed  
Post-Intubation  
Medication Standing Orders**

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**TABLE 1. RICHMOND AGITATION-SEDATION SCALE**

Score	Term	Description
+4	Combative	Overtly combative or violent; immediate danger to staff
+3	Very agitation	Pulls on or removes tube(s) or catheter(s) or has aggressive behavior toward staff
+2	Agitated	Frequent nonpurposeful movement or patient-ventilator dyssynchrony
+1	Restless	Anxious or apprehensive but movements not aggressive or vigorous
0	Alert and calm	
-1	Drowsy	Not fully alert, but has sustained (more than 10 seconds) awakening, with eye contact, to voice
-2	Light sedation	Briefly (less than 10 seconds) awakens with eye contact to voice
-3	Moderate sedation	Any movement (but no eye contact) to voice
-4	Deep sedation	No response to voice, but any movement to physical stimulation
-5	Unarousable	No response to voice or physical stimulation