

Medication Treatment of COVID-19 Standard Orders

MODERATELY ILL

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 with an order cross out and initial). Requires a check (✓) for activation

Drug Allergies: Unknown No Yes (describe) **Weight:** _____ **kg** Estimated Actual

MEDICATION ORDERS

GENERAL ORDERS

MODERATELY ILL Inpatient on ward *Require new start of low-flow supplemental oxygen, intravenous fluids, or physiologic support*

consult WRHA/PMH ICU for treatment recommendations if critically ill; requiring high-flow, non-invasive ventilation, mechanical ventilation, vasopressor or inotropic support

Dexamethasone 6 mg po/IV daily x 10 days or until hospital discharge (Patient should be on supplemental oxygen)

Therapeutic dose anticoagulation with low molecular weight heparin (LMWH) OR unfractionated heparin (UFH) using standard venous thromboembolism (VTE) treatment dosing x 14 days or until hospital discharge i.e. dalteparin 200 units/kg Subcut daily (avoid with creatinine clearance less than 30 mL/min or if on dialysis)

Tocilizumab 400 mg IV once
Approving WRHA/PMH ICU Physician Name: _____

ALL Criteria MUST be met:

- (1) *Already receiving systemic steroids (dexamethasone 6 mg PO/IV daily).*
- (2) *Within 24 hours of requiring high-flow nasal cannula to maintain oxygen saturation great than 90%.*
- (3) *C-reactive protein elevated greater than or equal to 75 mg/L.*
- (4) *Intensive care unit consultation from WRHA has occurred and approval has been received.*
- (5) *No contraindications are present (ALT or AST that is greater than 5 x the upper limit of normal, platelets count less than 50, absolute neutrophil count less than 500, patient has more than 14 days of COVID-19 symptoms).*
- (6) *Recently hospitalized (i.e. within the first 3 days of admission), OR, within 10 days of a positive test result if COVID-19 was acquired in hospital*

remdesivir 200 mg IV on day 1 then 100 mg IV daily x 4 days, total 5 days of therapy

There is no time limit in relation to symptoms or test positive date, for greater clarity:

- *Remdesivir is not indicated for intubated patients;*
- *Remdesivir may be given for patients requiring Acute BIPAP and/or high flow therapies (example: Optiflow), however, the anticipated benefit is less for this subgroup of patients than with lower forms of oxygen support;*
- *If Remdesivir is initiated and the patient requires endotracheal intubation the treatment course should continue;*

Sarilumab 400 mg IV once

Baricitinib 4 mg po/NG daily x 14 days (or until hospital discharge if sooner) *do not combine with IL-6 Inhibitors*

Antimicrobial Therapy:(For Suspected Bacterial co-infection)

- cefTRIAxone 2 g IV initial dose
- cefTRIAxone 1 g IV q24h on days 2 to 5
- azithromycin 500 mg PO/NG/OG or IV q24h x 3 days
- Assess antimicrobials daily for de-escalation

Advance care planning (ACP) Status:

- Comfort Medical Resuscitation
- Droplet and Contact Precautions - appropriate zone (orange, red PPE requirements)
- Airborne Precautions (N95 mask and associated PPE to be donned) if performing aerosol generating medical procedures
- Consult Infection Control Practitioner (for admissions)
- Establish peripheral venous access
- Place urinary catheter

Laboratory Investigations (if not done at triage):

- CBC
- Na, K, CL, total CO₂, glucose, urea, creatinine
- magnesium, phosphate, calcium
- troponin (full ACS workup if MI suspected)
- PT/INR
- CRP
- D-dimer
- bilirubin total, AST, ALT, albumin
- venous blood gas
- lactate
- hCG (if child bearing age)
- Viral studies: nasopharyngeal swab for COVID-19
- blood culture x 2 sites
- sputum, expectorated, for aerobic bacterial culture

Diagnostic Imaging:

- X-ray chest (portable x-ray where available)
- ECG

Monitoring:

- Vital signs (including oxygen saturation) to be completed q 2 to 4 hours and PRN or as ordered
- Observe and monitor for signs and symptoms of anaphylaxis or other hypersensitivity reaction throughout infusion and for at least 1 hour following completion of infusion for Sotrovimab only

Activity:

- Activity as tolerated – Maintain HOB at 30 degrees when supine
- Bedrest Bedrest with bathroom privileges

Diet – (specify details): _____

Additional Orders: _____

Others:

Consultation: Consider a palliative care consult if the patient is declining and at risk of death, especially when resuscitative efforts are not part of the goals of care. Fax consult form to 204-388-2049 or contact a regional palliative care physician directly.

PRESCRIBER'S SIGNATURE: _____ PRINTED NAME: _____ Date _____ Time _____

Order Transcribed
Date: _____ Time: _____ Init: _____ FAX TO PHARMACY
Date: _____ Time: _____ Init: _____

