



Pre-printed Orders

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Page No. _____	Allergies: <input type="checkbox"/> NO <input type="checkbox"/> YES (specify reaction): _____	
Suspected COVID-19 Infection – Ward Admission Orders		Transcribed
Date: _____		Time: _____
Admit to: _____ under Dr. _____		
<p>Infection Control Status:</p> <p>MD instructions: (shaded sections)</p> <ul style="list-style-type: none"> ▪ Contact Infection Prevention and Control if not already notified ▪ 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)) ▪ Airborne & Droplet plus Contact precautions are required during aerosol generating medical procedures (AGMP) performed on suspected or confirmed COVID-19 patients. REFER TO POLICY. ▪ AGMP should be avoided in suspected or confirmed COVID-19 patients where possible. ▪ When performed, AGMP should ideally be done in an airborne isolation room, but can be safely performed in a private room with the door closed if an airborne isolation room is not available. ▪ Suspected or confirmed COVID-19 patients who are expected to require AGMP should be placed in an airborne isolation room when available. ▪ 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. REFER TO POLICY. <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> <p>Do not remove patients from precautions without consulting Infection Prevention and Control (IPAC)</p> <p>Screen for MRSA/VRE/CPE if</p> <ul style="list-style-type: none"> ▪ Patient transferred from or previous admission to any healthcare facility in past year, or previous "+" MRSA/VRE/CPE ▪ Patient is admitted to MSICU, Internal Medicine, 7CCV or CVICU. <p><input type="checkbox"/> MRSA/VRE/CPE Screen – Nasal & Rectal Priority = PRN</p> <p>Screen for CPE (with a rectal swab) if patient:</p> <ul style="list-style-type: none"> ▪ Travelled within the last year to South Asia (e.g. India and Pakistan or Bangladesh); ▪ Underwent any surgery (including day surgery, cosmetic surgery etc.) or hemodialysis outside of Canada in the past 12 months; ▪ Had contact with a known case of CPE; ▪ Transferred from any facility with a CPE outbreak or CPE transmission; ▪ Was previously colonized or infected with CPE at any time. <p><input type="checkbox"/> CPE Screen – Rectal Priority = PRN</p> <ul style="list-style-type: none"> ▪ CPE urine screen is required for patients who meet indications for CPE screening above and have an indwelling urinary catheter <p><input type="checkbox"/> CPE Screen – Urine Priority = PRN</p>		

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Suspected COVID-19 Infection – Ward Admission Orders	
<p>Code status:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Goals of care discussion should be initiated early following hospital admission given the potential for rapid deterioration following onset of dyspnea and hypoxemia. <input type="checkbox"/> Early establishment of goals of care may also reduce unnecessary utilization of limited critical care resources. <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>	Transcribed
<p>Diet:</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>Activity:</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>Monitoring:</p> <p><input checked="" type="checkbox"/> To limit PPE use, please give medications at the same time as obtaining vital signs and performing other direct patient care if possible.</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, O₂ saturation, Temperature and Pain Score q4h</p> <p><input type="checkbox"/> Heart Rate, Blood Pressure, Respiratory Rate, O₂ saturation, Temperature and Pain Score q4h for 24 hours, then every 8 hours thereafter</p> <p><input type="checkbox"/> Heart Rate, Blood Pressure, Respiratory Rate, O₂ saturation, Temperature and Pain Score q8h</p> <p><input type="checkbox"/> Heart Rate, Blood Pressure, Respiratory Rate, O₂ saturation, Temperature and Pain Score q12h</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 and Daily</p> <p><input type="checkbox"/> Weigh Daily</p> <p><input type="checkbox"/> Weigh on Admission</p>	

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Suspected COVID-19 Infection – Ward Admission Orders	
<input type="checkbox"/> Weigh every Monday	
<p>Respiratory Care:</p> <p>For all patients with suspected, probable or confirmed COVID-19 infection requiring Face mask (any FiO2):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Do not initiate Non-invasive Mechanical Ventilation or High Flow Nasal Cannula without consulting CCRT <input checked="" type="checkbox"/> If patient requires a Face mask (any FiO2): IV line or saline lock must be in situ at all times (minimum single 20 G IV) <input checked="" type="checkbox"/> In the event of acute respiratory deterioration, emergency COVID-specific respiratory care supplies are available on the cardiac arrest carts. <input checked="" type="checkbox"/> If patient requires a Face mask (any FiO2): A step-stool inside the room (to facilitate quality of chest compressions, if needed) <p>Airborne & Droplet plus Contact precautions are required for aerosol generating medical procedures on Suspected/Confirmed COVID-19 patients.—REFER TO POLICY</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If patient has a tracheostomy, notify Respiratory Therapist. <input checked="" type="checkbox"/> Nebulized medications or treatment should be avoided whenever possible in patients with suspected or confirmed COVID-19. When performed, appropriate precautions for aerosol generating medical procedures should be used. <input type="checkbox"/> Oxygen by nasal prongs at ___ L/Min if oxygen saturation less than 90% <input type="checkbox"/> Oxygen by face mask at ___ % FiO2 if oxygen saturation less than 90% <input type="checkbox"/> Titrate oxygen to maintain oxygen saturation greater than 92% <input type="checkbox"/> Titrate oxygen to maintain oxygen saturation between 88-92% (COPD patient) <input type="checkbox"/> Blood gases arterial on room air <input type="checkbox"/> Blood gases arterial on current FiO2 	
<p>Laboratory</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Lab Care Orders: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Label ALL bags as COVID-19. <input checked="" type="checkbox"/> ALL specimens MUST be double-bagged and hand delivered (DO NOT tube). <input checked="" type="checkbox"/> Separate microbiology specimens from other lab samples (i.e. put microbiology samples in separate double bags) <input type="checkbox"/> If not already performed, order COVID-19 virus detection Nasopharyngeal swab kit below. <p>Inpatient COVID-19 & Influenza Virus Detection NP Swab:</p> <p>Influenza and COVID-19 virus detection will be run on the same NP swab for patients who are/will be admitted to conserve NP swabs.</p> <p>In comments field, clinician to indicate if patient is: homeless / from shelter, health care worker, respiratory patient in airborne isolation room.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Influenza Virus Detection – Nasopharyngeal Swab and COVID-19 PCR Virus Detection– Nasopharyngeal Swab <p>Label ALL bags as COVID-19. All specimens must be double-bagged and hand delivered (DO NOT tube). Separate microbiology specimens from all other lab samples (ie. put microbiology samples in separate bags).</p> <p>If NP sample not possible (test turnaround time is 24-48 hours):</p> <ul style="list-style-type: none"> <input type="checkbox"/> COVID-19 Virus Detection – Throat Swab 	

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<p>On admission (if not already done in Emergency Dept or in clinic): If normal and no acute clinical deterioration, do not repeat.</p> <ul style="list-style-type: none"> <input type="checkbox"/> CBC x 1 <input type="checkbox"/> Lytes (Na, K, CO2, CL), Creatinine x 1 <input type="checkbox"/> Liver Function Panel (AST, ALP, ALT, Tot Bili, Albumin) x 1 <input type="checkbox"/> PT/INR x 1 <input type="checkbox"/> d-Dimer x 1 <input type="checkbox"/> Lactate dehydrogenase (LD) x 1 <input type="checkbox"/> C-Reactive Protein x 1 <input type="checkbox"/> Ferritin x 1 <p>Consider testing for other causes of infection.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood cultures x 2 (different sites) <input type="checkbox"/> Sputum C&S <input type="checkbox"/> Urinalysis Macroscopic <input type="checkbox"/> Urine Culture- Midstream <input type="checkbox"/> Urine Culture- Catheter <input type="checkbox"/> Legionella Antigen – urine <p><input checked="" type="checkbox"/> Do not use any Point-of-Care lab testing at the bedside except for glucometers. 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).</p> <p>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.</p> <p>Avoid unnecessary lab tests to minimize the risk of exposure to lab personnel. Do not order group & screen unless haemoglobin is less than 80 g/L or pt is actively bleeding. Avoid stool sample testing if possible.</p>	Transcribed
<p>Imaging: If not already done in the emergency department</p> <ul style="list-style-type: none"> <input type="checkbox"/> Portable Chest XRAY – Assess pneumonia 	
<p>Consults:</p> <ul style="list-style-type: none"> <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). <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"/> COVID consult (subservice of Infectious Diseases) 	
<p>IV Access / Fluids</p> <ul style="list-style-type: none"> <input type="checkbox"/> Saline Lock; Flush per Peripheral IV Protocol (20 G IV Minimum) 	
Medications:	

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Suspected COVID-19 Infection – Ward Admission Orders	
Prescriber instructions: Nebulized medications or treatment should be avoided whenever possible in patients with suspected or confirmed COVID-19. When performed, appropriate precautions for aerosol generating medical procedures should be used.	
Venous Thromboembolism (VTE) Prophylaxis	
Prescriber instructions: Risk for Venous thromboembolism (VTE) to be assessed for ALL admitted patients.	
<input type="checkbox"/> No venous thromboembolism prophylaxis required because patient is receiving therapeutic anticoagulation.	
<input type="checkbox"/> Patient has contraindications* to anticoagulation and at moderate/high risk for VTE: <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 ⁹ /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	
Medical Patients: Low Risk (fully mobile, expected length of stay less than 48 hours): <input type="checkbox"/> No anticoagulation indicated Moderate Risk / High Risk: <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)	
Monitoring: Order CBC weekly for platelet count if not already counted. <input type="checkbox"/> CBC every week (to assess platelet count while on heparin/dalteparin); Priority = AM Collection	
If clinical suspicion for concurrent airspace disease and/or abnormal CXR consider initiation of antibiotics for bacterial pneumonia.	

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