



Pre-printed Orders

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Page No. _____	Allergies: <input type="checkbox"/> NO <input type="checkbox"/> YES (specify reaction): _____
Suspected COVID-19 Infection – ICU Admission Orders	
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>	
<p>Code status:</p> <ul style="list-style-type: none"> ▪ Goals of care discussion should be initiated early following hospital admission given the potential for rapid deterioration following onset of dyspnea and hypoxemia. 	

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Suspected COVID-19 Infection – ICU Admission Orders	
<ul style="list-style-type: none"> ▪ Early establishment of goals of care may also reduce unnecessary utilization of limited critical care resources. <input type="checkbox"/> Full Code <input type="checkbox"/> No CPR: Advanced Life Support <input type="checkbox"/> No CPR: General Medical Care <input type="checkbox"/> No CPR: Comprehensive Comfort Care 	Transcribed
<p>Diet:</p> <ul style="list-style-type: none"> <input type="checkbox"/> NPO <input type="checkbox"/> NPO with ice chips <input type="checkbox"/> NPO starting ____h on ____/____/____ <input type="checkbox"/> Regular <input type="checkbox"/> Diabetic - Insulin <input type="checkbox"/> Diabetic – No Insulin <input type="checkbox"/> Enteral feeds: _____ at _____ mL/hr <input type="checkbox"/> Clear Fluids <input type="checkbox"/> Full Fluids <input type="checkbox"/> Cardiac <input type="checkbox"/> Renal (Dialysis) <input type="checkbox"/> Renal (No Dialysis) <input type="checkbox"/> Renal Diabetic (Dialysis) <input type="checkbox"/> Renal Diabetic (No Dialysis) <input type="checkbox"/> Diet: Other (Specify Details) 	
<p>Activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Head of Bed at 30 degrees unless contraindicated (e.g. femoral sheath in-situ, unstable/unclear spine) <input type="checkbox"/> Activity as tolerated <input type="checkbox"/> Activity as tolerated with restrictions (Specify details): <input type="checkbox"/> Bedrest <input type="checkbox"/> Bedrest (Specify details) 	
<p>Monitoring:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Continuous cardiac monitoring <input checked="" type="checkbox"/> Heart Rate, Blood Pressure, Respiratory Rate and Oxygen Saturation <input type="checkbox"/> q1h <input checked="" type="checkbox"/> Temperature q4h <input type="checkbox"/> Spinal cord testing q____h ____ <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 <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 <input type="checkbox"/> Capillary blood glucose by glucometer q____h. Notify prescriber if less than 4 mmol/L or greater than ____ mmol/L <input type="checkbox"/> Intake & Output <input checked="" type="checkbox"/> Weight on admission and daily at 0600. Record on Flowsheet <input checked="" type="checkbox"/> Height on admission <input type="checkbox"/> Arterial Line, Flush PRN with sodium chloride 0.9% 	

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Page No. _____	Allergies: <input type="checkbox"/> NO <input type="checkbox"/> YES (specify reaction):
Suspected COVID-19 Infection – ICU Admission Orders	
<p>Central Venous Pressure</p> <p><input type="checkbox"/> Monitor Central Venous Pressure every 1 hour</p> <p><input type="checkbox"/> Monitor Central Venous Pressure every 2 hours</p> <p><input type="checkbox"/> Monitor Central Venous Pressure every 4 hours</p> <p><input type="checkbox"/> Monitor Central Venous Pressure Continuous</p> <p>Pain and Sedation Score</p> <p><input type="checkbox"/> Pain and Sedation Score q2h</p> <p><input type="checkbox"/> Pain and Sedation Score q4h</p> <p><input type="checkbox"/> Target Pain Behavioural Pain Score (BPS) less than 6 (for ventilated patients unable to rate own pain) or Numeric Pain Score (NPS) _____ (Refer to See Order Set: Pain, Agitation and Delirium (PAD) Management for Critical Care Areas)</p> <p>Other:</p>	Transcribed
<p>Respiratory Care:</p> <p><input type="checkbox"/> Oxygen by Nasal Prongs or Face Mask: Titrate to maintain oxygen saturation between 92-97%</p> <p><input type="checkbox"/> Oxygen by Nasal Prongs or Face Mask: Titrate to maintain oxygen saturation between 88-92%</p> <p><input type="checkbox"/> Blood Gases Arterial on Room Air</p> <p><input type="checkbox"/> Blood Gases Arterial on current FiO2</p> <p>Chest Tube:</p> <p><input type="checkbox"/> Chest Tube to Straight Drainage. Call MD if Chest Tube Output greater than 200 mL/h x 2 hours</p> <p><input type="checkbox"/> Chest Tube to Continuous Suction – 20 cm H₂O. Call MD if chest tube output greater than 200 mL/hr x 2 hours</p> <p><input type="checkbox"/> Chest Tube (Specify Details)</p> <p><input type="checkbox"/> Change Chest Tube Dressing every 48 hours and PRN</p> <p><input checked="" type="checkbox"/> If patient has a tracheostomy, notify Respiratory Therapist.</p> <p><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.</p>	
<p>Mechanical Ventilation:</p> <p><input type="checkbox"/> Ventilate to Normal ABGs or</p> <p><input type="checkbox"/> Ventilate to maintain pH _____, pCO₂ _____, PaO₂ _____ or SaO₂ _____ %</p> <p><input type="checkbox"/> Adjust PEEP from 5-12.5cm H₂O to maintain above PaO₂ or SaO₂</p> <p><input type="checkbox"/> Maintain plateau pressures less than 30 cm H₂O</p> <p><input type="checkbox"/> Wean to normal ABGs when appropriate and hemodynamically stable</p> <p><input type="checkbox"/> Daily assessment for spontaneous breathing trial</p> <p><input type="checkbox"/> Tidal Volume 4-8 mL/kg/PBW</p> <p><input type="checkbox"/> Tidal Volume ___ mL/kg/PBW</p> <p><input type="checkbox"/> Suction PRN</p>	

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<p>Tube, Drains, & Elimination:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Oral-gastric tube to intermittent wall suction or <input type="checkbox"/> Oral-gastric tube to straight drainage or <input type="checkbox"/> Oral-gastric tube to cap/clamp <input type="checkbox"/> Flush Oral-gastric tube with 20 mL sodium chloride 0.9% q12h <input type="checkbox"/> 2-Way Foley to Straight Drainage: Notify MD if urine output less than 0.5mL/kg/hr or 90 mL/3 hours (whichever is less) <input type="checkbox"/> Fecal Containment Device. MD must do rectal exam to assess for rectal tone prior to insertion. <input type="checkbox"/> Ileostomy: Monitor & Record output q___h <input type="checkbox"/> Colostomy: Monitor and Record output q___h 	Transcribed
<p>Laboratory</p> <p><input checked="" type="checkbox"/> Lab Care Orders:</p> <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) <p style="background-color: #f0f0f0; padding: 2px;">If not already performed, order COVID-19 virus detection Nasopharyngeal swab kit below.</p> <p>Inpatient COVID-19 & Influenza Virus Detection NP Swab:</p> <p style="background-color: #f0f0f0; padding: 2px;">Influenza & 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 style="background-color: #f0f0f0; padding: 2px;">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 – Nasopharyngeal Swab <p style="background-color: #f0f0f0; padding: 2px;">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 style="background-color: #f0f0f0; padding: 2px;">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 <p style="background-color: #f0f0f0; padding: 2px;">If evidence of lower respiratory tract infection, send lower respiratory specimen, if available, for COVID-19 Viral Detection (test turnaround time is 7-8 days): DO NOT INDUCE SPUTUM.</p> <ul style="list-style-type: none"> <input type="checkbox"/> COVID-19 Virus Detection – Sputum <input type="checkbox"/> COVID-19 Virus Detection – Endotracheal Tube (ETT) <input type="checkbox"/> COVID-19 Virus Detection – BAL/Bronchial Wash <p style="background-color: #f0f0f0; padding: 2px;">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 	

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Suspected COVID-19 Infection – ICU Admission Orders	
<p><input type="checkbox"/> Urine Culture- Midstream <input type="checkbox"/> Urine Culture- Catheter <input type="checkbox"/> Legionella Antigen – urine</p> <p>On Admission to ICU (if not already done in emergency dept/ward/clinic in last 12 hours) if results are normal, do not repeat for 24 hours.</p> <p><input type="checkbox"/> CBC once (If haemoglobin and platelet count greater than 100 and patient is not bleeding, do not repeat for 24 hrs)</p> <p><input type="checkbox"/> Electrolytes (Na, K, CO2, CL) once <input type="checkbox"/> Creatinine once <input type="checkbox"/> Liver Function Panel (AST, ALT, ALP, Tot Bili, Albumin) once <input type="checkbox"/> Troponin once (If troponin less than 18 ng/L and no change in clinical status do not repeat) <input type="checkbox"/> Lactate once (If lactate normal and no episodes of hypotension/signs of organ dysfunction, do not repeat for 24 hours) <input type="checkbox"/> Arterial blood gases <input type="checkbox"/> Venous blood gases (if arterial line not in situ)</p> <p><input checked="" type="checkbox"/> Lab Care Orders: Do not repeat bloodwork for 24 hours if: Hgb and PLT greater than 100 and not bleeding, electrolytes, creatinine are normal, Bilirubin / AST / ALP or Lactate are normal with no hypotension or organ dysfunction, Troponin less than 18 mg/mL and no change in clinical status.</p> <p>Potentially Prognostic Blood work: (if not already done in the emergency room/ward/clinic in last 12 hrs) If results are normal and no acute clinical deterioration, do not repeat for 24 hours.</p> <p><input type="checkbox"/> aPTT x 1 <input type="checkbox"/> PT INR x 1 <input type="checkbox"/> Fibrinogen x 1 <input type="checkbox"/> D-Dimer x 1 <input type="checkbox"/> LDH x 1 <input type="checkbox"/> C-Reactive Protein x 1 <input type="checkbox"/> Ferritin x 1</p> <p>AVOID unnecessary lab tests to minimize the risk of exposure to lab personnel.</p> <p>Lab Care Orders:</p> <p><input checked="" type="checkbox"/> Do not order a Blood Group and Screen unless your patient has a hemoglobin less than 80 g/L or is actively bleeding.</p> <p><input checked="" type="checkbox"/> Do not use any Point-of-Care lab testing at the bedside except for glucometers. Instead, send down to Core Lab for testing. Dedicated glucometers can be provided for patients in isolation (x2099 for further information).</p> <p><input checked="" type="checkbox"/> Do not perform blood gas analysis, urinalysis, hemoglobin analysis or co-oximetry at the bedside. Instead, send down to the core lab for testing.</p> <p><input checked="" type="checkbox"/> Avoid stool sample testing if possible.</p> <p><input checked="" type="checkbox"/> Routine repeat blood work is NOT recommended. The need for repeat lab tests should be reassessed if clinically indicated based on the patient's clinical status.</p> <p><input checked="" type="checkbox"/> AVOID unnecessary lab tests to minimize the risk of exposure to lab personnel.</p>	Transcribed

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Suspected COVID-19 Infection – ICU Admission Orders	
Imaging: <input type="checkbox"/> Chest XRAY – Assess pneumonia <input type="checkbox"/> ECG	Transcribed
Consults: <input checked="" type="checkbox"/> COVID consult (subservice of Infectious Diseases)	
IV Access / Fluids In the absence of shock or evidence of tissue perfusion, a conservative fluid management approach is recommended. <input type="checkbox"/> IV lock with sodium chloride 0.9%; flush per peripheral IV protocol (20G IV minimum) <input type="checkbox"/> Sodium Chloride 0.9% at _____ mL/h <input type="checkbox"/> Dextrose 3.3% and sodium chloride 0.3% (2/3+ 1/3) at _____ mL/h <input type="checkbox"/> Ringers Lactate at _____ mL/h	
Medications:	
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.	
Electrolyte Replacement: See Physician orders for Electrolyte Replacement. MD to complete orders.	
Sedation: See Order Set: Pain, Agitation and Delirium (PAD) Management for Critical Care Areas MD to complete orders.	
Stress Ulcer Prophylaxis for Ventilated patients: <input type="checkbox"/> Lansoprazole Delayed Release (Prevacid FASTAB) 30 mg per NG daily <input type="checkbox"/> Pantoprazole 40 mg IV daily <input type="checkbox"/> Bowel Routine: Please follow MSICU Bowel Routine Protocol for instructions/algorithm Not appropriate for patients with bowel obstruction or recent major GI surgeries. <input type="checkbox"/> Milk of Magnesia 30 mL PO/NG bid prn no bowel movement; see bowel routine algorithm <input type="checkbox"/> Bisacodyl suppository 1 pr daily prn no bowel movement; see bowel routine algorithm <input type="checkbox"/> Fleet enema 1 pr daily prn no bowel movement; see bowel routine algorithm (Do not order Fleet enema in patients with hyperphosphatemia (serum phosphate greater than 1.35), acute kidney injury, chronic kidney disease) or receiving dialysis.)	
Antiemetic: <input type="checkbox"/> Dimenhydrinate 25 mg IV q4h PRN nausea/vomiting, maximum 100 mg per day <input type="checkbox"/> Metoclopramide 10mg IV q6 PRN nausea/vomiting, maximum 40 mg per day	
Multivitamins: <input type="checkbox"/> Multivitamins/Minerals (Centrum Forte) 1 tablet po daily <input type="checkbox"/> Multivitamins/Minerals Chewable (Centrum Select) 1 tablet NG daily or <input type="checkbox"/> Vitamin B Complex with C (Replavite) 1 tablet po/NG qhs for patients on renal replacement therapy	
Venous Thromboembolism (VTE) Prophylaxis:	
<input type="checkbox"/> No venous thromboembolism prophylaxis required because patient is receiving therapeutic anticoagulation.	

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Suspected COVID-19 Infection – ICU Admission Orders		Transcribed
<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: 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 ordered. <input type="checkbox"/> CBC every week (to assess platelet count while on heparin/dalteparin); Priority = AM Collection		

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