

MillMCK SCMDEV OS, OSEight

FMC-112-112HB-05

Weight: 73kg

2160068686 / 100071600587

Unreviewed Allergies

Dort, Joseph C

56y (1964-Mar-14)

Female

COVID-19 Admission [5 orders of 151 are selected]
<https://insite> <-- Click here for AHS information on COVID-19 (novel coronavirus)

<https://www> <-- Click here for MDCalc CURB-65 Score for Pneumonia Severity

<https://www> <-- Click here for Recommendations for Antimicrobial Management of Adult Hospitalized Patients with COVID-19

Admit

 Admit to FMC Admit to PLC Admit to RGH Admit to SHC

Advance Care Planning

 Goals of Care Designation (- R1) Goals of Care Designation (- R3) Goals of Care Designation (-- M2) Goals of Care Designation (--- C2)
 Goals of Care Designation (- R2) Goals of Care Designation (-- M1) Goals of Care Designation (--- C1)

Notify


Order	Start Date	Who	When
- Notify - 3 item(s)			
<input checked="" type="checkbox"/> Notify	2020-Jun-09	Attending Service	If oxygen flow increases by greater than 2L/min from previous to maintain the same level of oxygenation...
<input checked="" type="checkbox"/> Notify	2020-Jun-09	Attending Service	If a new change to oxygen flow of 6L/min or higher to maintain same level of oxygenation. Send a one...
<input type="checkbox"/> Notify	T	IP&C	

N95 masks are not required to collect an NP or Throat swab.

If Aerosol-Generating Medical Procedures (AGMP) required - place patient in a private room with hard walls and a closed door, all staff to use N-95 respirators during AGMP.

www.ahs.ca <-- Click here for Aerosol-Generating Medical Procedure Guidance Tool

Isolation

Order	Start Date	Start At	Isolation Type	Isolation Reason	Additional Information
- COVID-19 Testing - 1 item(s)					
<input type="checkbox"/>  Isolation	T	ASAP			

If patient being admitted, ensure all of the following investigations listed below have already been ordered. D-Dimer being performed for COVID risk stratification.

Virology

Order	Swab	Specimen Source	Collection Time/Priority	Additional Info to Nursing
- COVID-19 Testing - 2 item(s)				
<input type="checkbox"/> COVID-19 Testing	<input checked="" type="checkbox"/>	Nasopharyngeal Swab	Unit to Collect, STAT	Only one sample is required to test for...
<input type="checkbox"/> COVID-19 Testing	<input checked="" type="checkbox"/>	Throat	Unit to Collect, STAT	Only one sample is required to test for...
- Respiratory Infection Panel - 2 item(s)				
<input type="checkbox"/> Respiratory Infection Panel (Viral)	<input checked="" type="checkbox"/>	Nasopharyngeal Swab	Unit to Collect, STAT	Only one sample is required to test for...
<input type="checkbox"/> Respiratory Infection Panel (Viral)	<input checked="" type="checkbox"/>	Throat	Unit to Collect, STAT	Only one sample is required to test for...

Pregnancy Test

Pregnancy - Point of Care Test

Blood Glucose - QID

Blood Glucose Monitoring- POCT

Hematology and Panels

Complete Blood Count (CBC)

Chem Panel 7 (Na, K, Cl, CO2, Cr, Glu, Urea)

Liver Panel(BILI,ALP,ALT,GGT,LD,Lipase)

Chemistry

Magnesium (Mg) LEVEL

C-Reactive Protein


Ferritin LEVEL

Troponin

AST

Coagulation

PT INR

 D-Dimer (DVT/PE and DIC)

CV Lab

Electrocardiogram

Conditional Lab - Urine

Urinalysis Random

Urine Electrolytes (Na, K, Cl) Random

Blood Culture

Typically Blood Cultures are already drawn by the Emergency Department.

Order	Specimen Type	Set
- Standard Blood Culture - 2 item(s)		
<input type="checkbox"/> Blood Culture	Blood Peripheral	1st Set, Standard
<input type="checkbox"/> Blood Culture	Blood Peripheral	2nd Set, Standard

HIV/AIDS Testing For Diagnosis

In patients at high risk.

HIV/AIDS Testing For Diagnosis

Vancomycin Level

This order is set to CONDITIONAL, to be activated by Nursing, to draw a Vancomycin level BEFORE the 3rd dose.

Vancomycin Pre LEVEL

Repeating Labs Daily x 2 Days

Complete Blood Count (CBC)

Electrolytes (Na, K, Cl, CO2)

Creatinine LEVEL

C-Reactive Protein

Repeating Labs Every 3 Days
 Complete Blood Count (CBC)
 Electrolytes (Na, K, Cl, CO2)
 Creatinine LEVEL
 C-Reactive Protein

GR Chest

Order	Clinical Info for Radiologist	Priority	Portable	Additional Info To DI Tech
- GR Chest - 2 item(s)				
<input type="checkbox"/> GR Chest, 1 Projection	Query Pneumonia	STAT	<input checked="" type="checkbox"/>	
<input type="checkbox"/> GR Chest, 2 Projections	Query Pneumonia	STAT	<input type="checkbox"/>	

Respiratory Intervention
NEW

Order	Date Requested For	Maintain	OR Between	To	Level (%) >=	Additional Information	Administration Instruction
- Oxygen Therapy - 3 item(s)							
<input type="checkbox"/> O2 Therapy - Titrate to Saturation	T	SpO2	92	96		Including acute stroke.	To Order Oxygen with a specific device, select one of...
<input type="checkbox"/> O2 Therapy - Titrate to Saturation	T	SpO2	88	92		Known CO2 retainer.	To Order Oxygen with a specific device, select one of...
<input type="checkbox"/> O2 Therapy - Titrate to Saturation	T	SpO2			95	In pregnancy.	To Order Oxygen with a specific device, select one of...

Clinical Communication

Order	Clinical Communication
- Clinical Communication - 1 item(s)	
<input type="checkbox"/> Clinical Communication	If O2 requirements GREATER than 6L, make patient NPO, ensure IV will flush and check IV patency with each subsequent vital signs assessment.

Patient Care

Order	Start Date	Frequency	Stop After	Additional Information
- Vital Signs - 4 item(s)				
<input type="checkbox"/> Vital Signs	T	q2h		Vital signs for every 2 hrs for 8 hrs, then every 4 hrs.
<input type="checkbox"/> Vital Signs	T	q4h		
<input type="checkbox"/> Vital Signs	T	q8h		
<input type="checkbox"/> Vital Signs	T	tid		

Order	Start Date	Complete Bedrest	With Bathroom Privileges	Additional Information
- Activity - 3 item(s)				
<input type="checkbox"/> Activity as Tolerated	T			No Activity Restrictions, ensure isolation precautions are maintained.
<input type="checkbox"/> Bedrest	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Bedrest	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Nutrition

Order	Start Date	Additional Information to Nursing
[-] Nutrition - 8 item(s)		
<input checked="" type="checkbox"/> High Protein High Calorie Diet	2020-Jun-09	
<input type="checkbox"/> Progressive Diet: Clear Fluids to DAT	T	If Oxygen demands at 6L but stable from last assessment, and patient NPO, gradually increase diet to clear fluids, to full fluids...
<input type="checkbox"/> NPO	T	If Oxygen demands increase from 2L / min from previous AND hit a threshold of 6L / min, make patient NPO. Notify Attending...
<input type="checkbox"/> Low Sodium Diet (2000 mg)	T	
<input type="checkbox"/> Diabetic Diet	T	
<input type="checkbox"/> Clear Fluids Diet	T	
<input type="checkbox"/> Full Fluids Diet	T	
<input type="checkbox"/> Regular Diet	T	

Sort Order changed

Saline Lock and Flush

Order	Action	Volume	Unit	Route	Frequency	Additional Information
[-] Saline Lock and Flush - 2 item(s)						
<input checked="" type="checkbox"/> Saline Lock	Initiate					
<input checked="" type="checkbox"/> sodium chloride 0.9% flush/lock inj		2	mL	FLUSH	q8h	

IV Fluids

Order	Access Line	IV Rate	Frequency	Route	Additional Information
[-] IV Fluids - 2 item(s)					
<input type="checkbox"/> lactated ringers infusion	Peripheral Line	15 mL/hour	<Continuous>	IV	Keep vein open.
<input type="checkbox"/> 0.9% NaCl infusion	Peripheral Line	15 mL/hour	<Continuous>	IV	Keep vein open.

VTE Prophylaxis

<input type="checkbox"/> HI/DVT Prophy - Medical Conditions
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Medications

Order	Dose	Unit	Route	Frequency	PRN	PRN Reason	Additional information
[-] Analgesics and Antipyretics - 1 item(s)							
<input type="checkbox"/> acetaminophen tab	650	mg	PO	q4h	<input checked="" type="checkbox"/>	For mild pain.	

https://www > Click here for Recommendations for Antimicrobial Management of Adult Hospitalized Patients with COVID-19

ACE Inhibitors/ARB's

Recommend that patients currently stabilized on ACEIs/ARBs be continued on that therapy unless a contraindication is present (e.g., acute kidney injury, hypotension). This recommendation is based on absence of evidence to the contrary and is in keeping with multiple society guidelines.

Glucocorticoids

Not routinely recommended unless concomitant AECOPD, asthma, or other indication. Suggest discussion with Respiriology before starting glucocorticoids as they may not be deemed necessary.

For patients who are pending confirmation COVID-19 positive/bacterial culture negative ****REASSESS at 48-72 hrs WITH VIRAL AND BACTERIAL LAB RESULTS****

Antibiotics

Select Ceftriaxone AND Azithromycin OR Ceftriaxone AND Doxycycline.

Order	Dose	Dose	Unit	Route	Frequency	Stop After	Advisory Note	Additional Information
- Ceftriaxone - 1 item(s)								
<input type="checkbox"/> cefTRIAxone inj	1		g	IV	q24h	3 Days	If patient greater than 100 kg give 2 g every 24 hours.	
- Azithromycin - 2 item(s)								
<input type="checkbox"/> AZIthromycin tab		500	mg	PO	q24h	3 Days	If tolerating PO therapy.	
<input type="checkbox"/> AZIthromycin inj	500		mg	IV	q24h	3 Days		
- Doxycycline - 2 item(s)								
<input type="checkbox"/> doxycycline cap		200	mg	PO	once		Not routinely used in pregnancy.	
<input type="checkbox"/> doxycycline cap		100	mg	PO	bid	3 Days	Not routinely used in pregnancy.	

If history of MRSA colonization or high suspicion for MRSA add:

Order	Dose	Unit	Route	Frequency	Stop After	Advisory note	Additional Information
- MRSA Suspected - Loading Dose - 1 item(s)							
<input type="checkbox"/> vancomycin inj		mg	IVPB	once		Recommended Dose 25 to 30 mg/kg. Round to nearest..	Discontinue vancomycin or...
- Followed By - 1 item(s)							
<input type="checkbox"/> vancomycin inj		mg	IVPB		3 Days	Recommended Dose 15 mg/kg (round to nearest 250..	Discontinue vancomycin or...
- Linezolid - 2 item(s)							
<input type="checkbox"/> linezolid tab	600	mg	PO	q12h	3 Days	Not routinely used in pregnancy.	Discontinue vancomycin or...
<input type="checkbox"/> linezolid inj	600	mg	IVPB	q12h	3 Days	Not routinely used in pregnancy.	Discontinue vancomycin or...

If symptoms clinically compatible with influenza and influenza RVP pending or positive, consider:

Order	Dose	Unit	Route	Frequency	Advisory Note	Additional Information
- Oseltamivir - 2 item(s)						
<input type="checkbox"/> oseltamivir cap	75	mg	PO	bid	If normal renal function.	Discontinue if Influenza RVP negative.
<input type="checkbox"/> oseltamivir cap	75	mg	PO	daily	For patients with decreased Creatinine..	Discontinue if Influenza RVP negative.

Smoking Cessation

Smoking Cessation

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Bowel Routine - Simple

Bowel Routine - Simple

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Referrals

Social Work Referral

Pharmacist Review Referral

Consults - Internal Medicine

 MD Consult

Consults - ICU

 MD Consult

Consults - Infectious Disease

 MD Consult

Consults - Respiriology

 MD Consult

Consults - Obstetrics

 MD Consult

Consults - Other

 MD Consult