COVID-19 GENERAL PLAN

Patient Label Here

	PHYSICIAN ORDERS			
Diagnos	is			
Weight	Allergies			
	Place an "X" in the Orders column to designate orders of choice ANI	O an "x" in the specific orde	er detail box(es) where applicable.	
ORDER	ORDER DETAILS	•		
	Patient Care			
	Patient Position T;N, Other, Patient to self prone	☐ T;N, Prone		
	POC Blood Sugar Check (Accu-Chek) AC AC, HS, & 0200	☐ AC & HS		
	Medications			
	Medication sentences are per dose. You will need to calculate a total	al daily dose if needed.		
	dexamethasone ☐ 8 mg, PO, tab, Daily, x 10 days, **COVID Regimen** Administer with breakfast ☐ 8 mg, IVPush, inj, Daily, x 10 days, **COVID ICU Regimen**			
	sodium chloride (hypertonic saline 3% inhalation solution) 4 mL, inhalation, soln, q4h, PRN wheezing 4 mL, inhalation, soln, q8h, PRN wheezing			
	aspirin 81 mg, PO, tab ec, Daily			
	Anticoagulants			
	Standard Dose: Non-critically ill prophylaxis			
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 40 mg, subcut, inj, Daily, Prophylaxis – Non-Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 40 mg, subcut, inj, BID, Prophylaxis – Non-Trauma Dosing, for BMI between 40 and 50 60 mg, subcut, inj, BID, Prophylaxis – Non-Trauma Dosing, for BMI greater than or equal to 50 30 mg, subcut, inj, Daily, Prophylaxis – Non-Trauma Dosing, for CrCL less than 30 mL/min			
	heparin 5,000 units, subcut, inj, q8h, for CrCL less than 30 mL/min AND pt wt less than 100 kg 7,500 units, subcut, inj, q8h, for CrCL less than 30 mL/min AND pt wt greater than or equal to 100 kg			
	Intermediate Dose: Critically ill prophylaxis			
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 0.5 mg/kg, subcut, inj, BID, Prophylaxis – Non–Trauma Dosing, Pharmacy to Adjust Dose per Renal Function 0.5 mg/kg, subcut, inj, Daily, Prophylaxis – Non–Trauma Dosing, for CrCL less than 30 mL/min			
	heparin 5,000 units, subcut, inj, q8h, for CrCL less than 30 mL/min AND pt wt less than 50 kg 7,500 units, subcut, inj, q8h, for CrCL less than 30 mL/min AND pt wt greater than or equal to 50 kg			
	Therapeutic Dose: Critically ill with high suspicion/risk for thrombosis			
	enoxaparin (enoxaparin for weight 40 kg or GREATER) 1 mg/kg, subcut, inj, BID, Treatment, Pharmacy to Adjust Dose per Renal Function 1 mg/kg, subcut, inj, Daily, Treatment, for CrCL less than 30 mL/min			
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Order Taken by Signature:		Date		
Physician Signature:		Date	Time	

COVID-19 GENERAL PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	Antibiotics			
	Considering empiric coverage of community acquired pneumonia is repulmonary infiltrate.	ecommended in all patients with h	ypoxemia and/or	
	Laboratory			
	Procalcitonin Level ☐ Routine, T;N, Every AM for 2 days			
	HIV Screen ☐ Routine, T;N, for 1 times			
	Hepatitis Panel Acute ☐ Routine, T;N, Every AM 1 days			
	Comprehensive Metabolic Panel (CMP) ☐ Routine, T;N, Every AM			
	CBC ☐ Routine, T;N, Every AM			
	D Dimer HS 500 ☐ Routine, T;N, Every AM			
	LDH ☐ Routine, T;N, Every AM			
	C Reactive protein ☐ Routine, T;N, Every AM			
	Sed Rate ☐ Routine, T;N, Every AM			
	Troponin T High Sensitivity ☐ Routine, T;N, Every AM			
	Ferritin Level ☐ Routine, T;N, Every AM			
	Diagnostic Tests			
	Limited Echo Transthoracic (Limited TTE) (Echo Limited)			
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTI	E) with contrast if needed)		
	DX Chest Portable T;N			
	Respiratory			
	Arterial Blood Gas Routine, Every AM	Routine, Every AM, while p	patient is on ventilator	
	Covid-19 Oxygen Weaning Protocol ***See Reference Text***			
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Order Taken by Signature:		Time		
Physician Signature:		Date	Time	

RESPIRATORY CARE PLAN PROTOCOL

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	Medications Medication sentences are per dose. You will need to calculate a to albuterol−ipratropium (albuterol−ipratropium 2.5 mg−0.5 mg/3 mL i 3 mL, inhalation, soln, q4h		ortness of breath or wheezing
	albuterol (albuterol (Ventolin) 0.5% inhalation solution) 2.5 mg, inhalation, soln, q4h	2.5 mg, inhalation, soln, q4h, P	PRN wheezing
	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) 2.5 mg, inhalation, soln, q4h 2.5 mg, inhalation, soln, q4h, PRN shortness of breath or wheezing		
	ipratropium (ipratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation 2.5 mL, inhalation, soln, q4h, 2.5 mL = 0.5 mg 2.5 mL = 0.5 mg 2.5 mL, inhalation, soln, q4h, PRN wheezing, 2.5 mL = 0.5 mg 2.5 mL = 0.5 mg	on solution)	
	Respiratory		
	Oxygen Therapy Keep sats greater than: 90%	☐ Keep sats greater than: 93%	
	Chest Physiotherapy 6x/day, All lung areas QID, All lung areas	4x/day, All lung areas TID, All lung areas	
	Aerobika TID 6x/day	☐ QID ☐ 4x/day	
	Versapap ☐ TID ☐ 4x/day	☐ QID ☐ 6x/day	
	Suction Patient		
	IS Instruct IS Instructions: TID for 1 day IS Instructions: QID for 1 day IS Instructions: q6h for 24hrs	☐ IS Instructions: TID for 2 days☐ IS Instructions: QID for 2 days☐ IS Instructions: q4h for 24hrs	
	Continuous Pulse Oximetry		
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HEPARIN INFUSION MED PLAN

	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	Patient Care		
	Heparin Infusion Nomogram □ ***See Reference Text***		
	Check the .Medication Management order below if the patient requires specific monitoring and heparin adjustments per provider. AntiXa levels must be used. aPTT levels will not be accepted for monitoring and heparin adjustments.		
	.Medication Management (Notify Nurse and Pharmacy) BID, Start date T;N DO NOT USE NOMOGRAM – Patient requires specific monitoring and heparin adjustments per provider. AntiXa levels must be used. aPTT levels will not be accepted for monitoring and heparin adjustments.		
	Communication		
	Notify Nurse (DO NOT USE FOR MEDS) Obtain Xa Heparin (Anti–Xa) Level 6 hours after starting infusion and 6 hours after every rate change.	Ī	
	Notify Provider (Misc) Reason: 2 consecutive Xa Heparin (Anti–Xa) levels are greater than 0.9 or less than 0.2		
	Notify Provider (Misc) Reason: If platelet count decreases by 50% of baseline or drops below 100,000 (100 K/uL)		
	Notify Provider (Misc) Reason: If Hemoglobin decreases by 2 g/dL or more.		
	Notify Provider (Misc) Reason: If signs of bleeding occur.		
	Medications Medication sentences are per dose. You will need to calculate a total daily dose if needed.		
	Medication Sentences are per dose. You will need to calculate a total daily dose if needed. Medication Management		
	Start date T;N		
	Discontinue all other orders for heparin products (i.e. heparin sububcutaneous, enoxaparin).		
	Venous Thromboembolic Disorder		
	Deep Vein Thrombosis, Pulmonary Embolism		
	heparin		
	☐ 80 units/kg, IVPush, inj, ONE TIME		
	For Load Dose: Indication: DVT/PE Recommended maximum dose is 10,000 units.		
	heparin 25,000 units/250 mL D5W (Venous (heparin 25,000 units/250 mL D5W (Venous Thromboembolic)) IV Indication: DVT/PE. The initial maximum rate is 18 units/kg/hr not to exceed a total hourly dose of 1,800 units. Final concentrati on = 100 unit/mL. Refer to Heparin Infusion Nomogram for maintenance dose adjustments or contact provider if patient requires specific adjustments. Continued on next page		
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HEPARIN INFUSION MED PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	Start at rate:units/kg/hr			
	Cardiac			
	Unstable angina, ST elevation MI, non–ST elevation MI			
	heparin			
	60 units/kg, IVPush, inj, ONE TIME			
	Load Dose: Indication: unstable angina, STEMI or non–STEMI. Recommended maximum dose is 4,000 units.			
	heparin 25,000 units/250 mL D5W (Cardiac (heparin 25,000 units/250 mL D5W (Cardiac))			
	Start at rate:units/kg/hr			
	Neurological			
	Ischemic strokes with a suspected embolic source in which thrombolytics have NOT been given and a CT has confirmed NO cerebral hemorrhage			
	No initial heparin load dose recommended.			
	heparin 25,000 units/250 mL D5W (Neurolo (heparin 25,000 units/250 mL D5W (Neurological)) □ IV			
	Indication: Ischemic Stroke. Initial maximum rate is 12 units/kg/hr not to exceed a total hourly dose of 1,200 units. Final			
	concentration = 100 unit/mL. Refer to Heparin Infusion Nomogram for maintenance dose adjustments or contact provider if patient			
	requires specific adjustments. Start at rate:units/kg/hr			
	Laboratory			
	Baseline Labs			
	CBC ☐ STAT			
	Anti Xa Level ☐ STAT			
	Prothrombin Time with INR (Protime with INR) ☐ STAT			
	Daily Labs			
	CBC ☐ Next Day in AM, T+1;0300, Every AM 3 days			
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Patient Label Here

ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA PLAN

PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.		
ORDER	ORDER DETAILS		
	Patient Care		
	Systemic Antibiogram T;N, Routine, See link for reference text.		
	Antibiogram Education ☐ T;N, Routine, See link for reference text.		
	Medications Medication sentences are per dose. You will need to calculate a total daily dose if needed.		
	Step 1: Select Primary Therapy		
	For Nonsevere CAP withOUT risk factors for MRSA or Pseudomonas:		
	Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days		
	Choose cefTRIAXone AND azithromycin		
	cefTRIAXone ☐ 2 g, IVPush, inj, q24h, Pulmonary – CAP Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes		
	azithromycin 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary – CAP 500 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Pulmonary – CAP		
	Alternatively, if patient is allergic to or has received cefTRIAXone/azithromycin in the previous 90 days, choose levoFLOXacin as single agent.		
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary – CAP ☐ 750 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Pulmonary – CAP		
	For Severe CAP withOUT risk factors for MRSA or Pseudomonas:		
	Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days		
	Choose cefTRIAXone. Then choose either azithromycin OR levoFLOXacin.		
Ç	cefTRIAXone ☐ 2 g, IVPush, inj, q24h, Pulmonary – CAP Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes Continued on next page		
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Order Take	en by Signature: Date Time		

Time

Date

Physician Signature:

Patient Label Here

ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA PLAN

	PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS			
	And ADD EITHER azithromycin OR levoFLOXacin			
	azithromycin ☐ 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary – CAP			
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary – CAP			
	Alternatively, if patient is allergic to cefTRIAXone/azithromycin, choose levoFLOXacin AND aztreonam.			
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary – CAP			
	aztreonam 2 g, IVPush, inj, q8h, Pulmonary – CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3–5 minutes			
	Non-Severe/Severe CAP WITH risk factors for Pseudomonas:			
	Risk factors include: prior isolation of Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days			
	Choose levoFLOXacin and cefepime			
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary – CAP			
	cefepime ☐ 2 g, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary – CAP			
	Alternatively, if patient is allergic to cefepime, choose levoFLOXacin AND aztreonam			
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary – CAP			
	aztreonam 2 g, IVPush, inj, q8h, Pulmonary – CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3–5 minutes			
	Step 2: If MRSA coverage is needed:			
	Risk factors include: prior isolation of MRSA or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days			
	Choose both vancomycin loading dose (if not already done) and add a second order for vancomycin maintenance dose			
	vancomycin ☐ 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose], Pulmonary – CAP			
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Order Take	n by Signature: Date Time			

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Physician Signature: _

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ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA PLAN

	DIIVOIOLA LODDEDO			
	PHYSICIAN ORDERS Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
		AND an "x" in the specific ord	er detail box(es) where applicable.	
ORDER	ORDER DETAILS			
	vancomycin 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING Al	DVISED] Pharmacy to dose and	monitor, Pulmonary – CAP	
	Alternatively, if patient is allergic to vancomycin, choose linezolid			
	(If patient takes SSRI/SNRI per home medication list or there is currently an active order AVOID linezolid due to increased risk of serotonin syndrome)			
	linezolid ☐ 600 mg, IVPB, ivpb, q12h, Infuse over 1 hr			
	Laboratory			
	Serial Procalcitonin levels are more valuable than single levels.			
	zProcalcitonin Now			
	zProcalcitonin at 24 hours			
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Order Taken by Signature:		Date		
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