

UMC Health System COVID-19 GENERAL PLAN	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

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

Patient Position
 T;N, Other, Patient to self prone T;N, Prone

POC Blood Sugar Check (Accu-Chek)
 AC AC & HS
 AC, HS, & 0200

Medications

Medication sentences are per dose. You will need to calculate a total 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, q6h, 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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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
Antibiotics	
	Considering empiric coverage of community acquired pneumonia is recommended in all patients with hypoxemia and/or pulmonary infiltrate.
Laboratory	
	Procalcitonin Level <input type="checkbox"/> Routine, T;N, Every AM for 2 days
	HIV Screen <input type="checkbox"/> Routine, T;N, for 1 times
	Hepatitis Panel Acute <input type="checkbox"/> Routine, T;N, Every AM 1 days
	Comprehensive Metabolic Panel (CMP) <input type="checkbox"/> Routine, T;N, Every AM
	CBC <input type="checkbox"/> Routine, T;N, Every AM
	D Dimer HS 500 <input type="checkbox"/> Routine, T;N, Every AM
	LDH <input type="checkbox"/> Routine, T;N, Every AM
	C Reactive protein <input type="checkbox"/> Routine, T;N, Every AM
	Sed Rate <input type="checkbox"/> Routine, T;N, Every AM
	Troponin T High Sensitivity <input type="checkbox"/> Routine, T;N, Every AM
	Ferritin Level <input type="checkbox"/> Routine, T;N, Every AM
Diagnostic Tests	
	Limited Echo Transthoracic (Limited TTE) (Echo Limited)
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE) with contrast if needed)
	DX Chest Portable <input type="checkbox"/> T;N
Respiratory	
	Arterial Blood Gas <input type="checkbox"/> Routine, Every AM <input type="checkbox"/> Routine, Every AM, while patient is on ventilator
	Covid-19 Oxygen Weaning Protocol <input type="checkbox"/> ***See Reference Text***

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<p>UMC Health System</p> <p>RESPIRATORY CARE PLAN PROTOCOL</p>	<p>Patient Label Here</p>
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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 total daily dose if needed.
	albuterol-ipratropium (albuterol-ipratropium 2.5 mg-0.5 mg/3 mL inhalation solution) <input type="checkbox"/> 3 mL, inhalation, soln, q4h <input type="checkbox"/> 3 mL, inhalation, q4h, PRN shortness of breath or wheezing
	albuterol (albuterol (Ventolin) 0.5% inhalation solution) <input type="checkbox"/> 2.5 mg, inhalation, soln, q4h <input type="checkbox"/> 2.5 mg, inhalation, soln, q4h, PRN wheezing
	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) <input type="checkbox"/> 2.5 mg, inhalation, soln, q4h <input type="checkbox"/> 2.5 mg, inhalation, soln, q4h, PRN shortness of breath or wheezing
	ipratropium (ipratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution) <input type="checkbox"/> 2.5 mL, inhalation, soln, q4h, 2.5 mL = 0.5 mg 2.5 mL = 0.5 mg <input type="checkbox"/> 2.5 mL, inhalation, soln, q4h, PRN wheezing, 2.5 mL = 0.5 mg 2.5 mL = 0.5 mg
	Respiratory
	Oxygen Therapy <input type="checkbox"/> Keep sats greater than: 90% <input type="checkbox"/> Keep sats greater than: 93%
	Chest Physiotherapy <input type="checkbox"/> 6x/day, All lung areas <input type="checkbox"/> 4x/day, All lung areas <input type="checkbox"/> QID, All lung areas <input type="checkbox"/> TID, All lung areas
	Aerobika <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> 6x/day <input type="checkbox"/> 4x/day
	Versapap <input type="checkbox"/> TID <input type="checkbox"/> QID <input type="checkbox"/> 4x/day <input type="checkbox"/> 6x/day
	Suction Patient
	IS Instruct <input type="checkbox"/> IS Instructions: TID for 1 day <input type="checkbox"/> IS Instructions: TID for 2 days <input type="checkbox"/> IS Instructions: QID for 1 day <input type="checkbox"/> IS Instructions: QID for 2 days <input type="checkbox"/> IS Instructions: q6h for 24hrs <input type="checkbox"/> IS Instructions: q4h for 24hrs
	Continuous Pulse Oximetry

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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 Antibigram <input type="checkbox"/> T;N, Routine, See link for reference text.
	Antibiogram Education <input type="checkbox"/> 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 <input type="checkbox"/> 2 g, IVPush, inj, q24h, Pulmonary – CAP Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes
	azithromycin <input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary – CAP <input type="checkbox"/> 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 <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary – CAP <input type="checkbox"/> 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. cefTRIAxone <input type="checkbox"/> 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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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
	<p>And ADD EITHER azithromycin OR levoFLOXacin</p> <p>azithromycin <input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary – CAP</p>
	<p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary – CAP</p>
	<p>Alternatively, if patient is allergic to cefTRIAxone/azithromycin, choose levoFLOXacin AND aztreonam.</p> <p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary – CAP</p>
	<p>aztreonam <input type="checkbox"/> 2 g, IVPush, inj, q8h, Pulmonary – CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3–5 minutes</p>
	<p>Non–Severe/Severe CAP WITH risk factors for Pseudomonas:</p> <p>Risk factors include: prior isolation of Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days</p> <p>Choose levoFLOXacin and cefepime</p> <p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary – CAP</p>
	<p>cefepime <input type="checkbox"/> 2 g, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary – CAP</p>
	<p>Alternatively, if patient is allergic to cefepime, choose levoFLOXacin AND aztreonam</p> <p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary – CAP</p>
	<p>aztreonam <input type="checkbox"/> 2 g, IVPush, inj, q8h, Pulmonary – CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3–5 minutes</p>
	<p>Step 2: If MRSA coverage is needed:</p> <p>Risk factors include: prior isolation of MRSA or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days</p> <p>Choose both vancomycin loading dose (if not already done) and add a second order for vancomycin maintenance dose</p> <p>vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose], Pulmonary – CAP</p>

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UMC Health System

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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
	<p>vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary – CAP</p>
	<p>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)</p> <p>linezolid <input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, Infuse over 1 hr</p>
Laboratory	
	<p>Serial Procalcitonin levels are more valuable than single levels.</p> <p>zProcalcitonin Now</p>
	<p>zProcalcitonin at 24 hours</p>

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