



COVID-19 Treatment Long-Term Care (Module)

Key: Req – Requisition MAR – Medication Administration Record K – Kardex Dis – Discontinued

Instructions for completing this order set:

- Indicates a pre-selected order. To delete a pre-selected order, draw a line through it
- Must tick the box for order to be implemented. Orders not checked will not be implemented
- Fill in blank spaces as needed/appropriate
- Indicates an item for consideration by Provider; is NOT an order

COVID-19 Treatment Long-Term Care (Module)

Patient Population:

Mildly Ill COVID-19 Resident

- Resident who does NOT require supplemental oxygen, parenteral fluids or other physiological support

Severely Ill COVID-19 Resident

- Resident requiring supplemental oxygen therapy

NOTE: Provider to consider transition to "LTC End of Life" or "COVID-19 Palliative Care and Symptom Management" order set if Palliative Performance Scale (PPS) is 20 % or less

Admit/Transfer/Discharge/Status

- If Resident requires transfer to acute care, as directed by Medical Health Officer (MHO), Provider to call ER physician OR local COVID-19 Cohort Unit PRIOR to calling Emergency Health Services / Medivan
- Contact MHO via Hospital Switchboard OR call 1-800-204-6166

Patient Transport Recommendations, Resident to wear a medical-grade mask during transport if transfer required

Medical Orders for Scope of Treatment

- Provider to review and update MOST status as indicated by Resident's goals of care

Alerts

- Provider must discontinue Aerosol Generating Medical Procedures (AGMP) including nebulized medications, CPAP and nocturnal BiPAP. Staff require Airborne Precautions, including N95 masks, for care of Residents with COVID-19 (pending or positive) receiving Aerosol Generating Medical Procedures (AGMP)
- Provider to call Respiriologist on-call for guidance regarding alternative therapy based on MOST and clinical status

Resident Care

- Provider to consider holding or discontinuing non-essential laboratory or diagnostic orders
- Provider to order Vital Signs as clinically indicated or based on MOST status

Vital Signs, BID OR _____

Oxygen Therapy, Nasal Cannula, Titrate up to 6 L/min to target oxygen saturation greater than 92% OR 88 - 92% for diagnosed COPD

Communication Orders

- Notify Provider Vital Signs, Nurse or Respiratory Therapist must contact Provider if increasing breathlessness and oxygen needs exceed 6L via nasal prongs
- Notify Provider, To discontinue corticosteroid if no longer requiring supplemental O₂ or back to baseline O₂ for 24 hours

Medications

- Provider to review "[British Columbia COVID-19 Therapeutics Committee \(CTC\) Clinical Practice Guidance for Antimicrobial and Immunomodulatory Therapy in Adult Patients with COVID-19](#)" for up to date treatments under clinical study

- Provider to review and stop non-essential medications, and aim to cohort medication administrations to reduce exposure

COVID-19 Treatment Long-Term Care (Module)

1

Signature, Designation _____

College License # _____

Date _____

Time _____

Page 1/2

Email orderset@viha.ca to provide feedback or report concerns regarding this order set

Original content by Island Health; Clinical review and local adaptation recommended before use at external health authorities

NOTE: This is a controlled document, and printed copies may not reflect the current version on the Intranet: Order Sets SharePoint Library



COVID-19 Treatment Long-Term Care (Module)

Key

Phase

Key: Req – Requisition MAR – Medication Administration Record K – Kardex Dis – Discontinued

Opiates

BREATHLESSNESS OR PAIN

Option 1: Resident NOT currently taking opioids

[] HYDROMorphone (Dilaudid) - RANGE DOSE, 0.5 mg to 1 mg, Tab, oral, Q1H, PRN for breathlessness or pain. If more than 3 doses of opioids in 24 hours, call Provider to consider a regularly scheduled opioid order

OR

[] HYDROMorphone (Dilaudid) inj - RANGE DOSE, 0.25 mg to 0.5 mg, Soln-Inj, SUBCUT, Q1H, PRN for breathlessness or pain. If more than 3 doses of opioids in 24 hours, call Provider to consider a regularly scheduled opioid order

For community Pharmacy, dispense _____ doses (suggest 40 doses)

Option 2: Resident currently taking opioids

- Provider to discontinue previous PRN opioids and to order:

[] HYDROMorphone (Dilaudid) - RANGE DOSE, _____ mg to _____ mg, Tab, oral, Q1H, PRN for breathlessness or pain

OR

[] HYDROMorphone (Dilaudid) inj - RANGE DOSE, _____ mg to _____ mg, Soln-Inj, SUBCUT, Q1H, PRN for breathlessness or pain

For community Pharmacy, dispense _____ doses (suggest 40 doses)

Opiate Reversal

[x] naloxone, 0.1 mg, Soln-Inj, IV/IM/SC, Q3MIN, PRN for opioid reversal, if RR less than 8 AND decreased LOC. Administer until patient alert/awake and RR greater than 8; Notify MRP if administered

Corticosteroids

- Consider ordering corticosteroids for Severely Ill COVID-19 Resident

- Corticosteroids are NOT recommended for mild illness unless other clinical indication (i.e. asthma exacerbation)

- Dexamethasone is the Drug of Choice; Order predniSONE only if dexamethasone is NOT available

- Consider ordering bedside blood glucose monitoring daily if corticosteroids ordered

[] dexamethasone, 6 mg, Tab, oral, DAILY, for 10 days, first dose NOW

OR

[] predniSONE, 40 mg, Tab, oral, DAILY, for 10 days, first dose NOW

NOTE: Provider to discontinue corticosteroid if no longer requiring supplemental O2 or back to baseline O2 for 24 hours

Anti-infectives

- Antibacterial therapy should not be routinely prescribed for LTC Residents with confirmed COVID-19, particularly in cases of mild illness

- If clinical suspicion of bacterial pneumonia as a complication of COVID-19 then consider treatment with Empiric therapy; Refer to Spectrum App for ordering support: https://staging-app.spectrum.md/en/clients/16-island-health/steps/18382

Anticoagulants

VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS

- Mildly ill COVID-19 Resident: VTE prophylaxis is NOT indicated

- Severely ill COVID-19 Resident: Provider to consider consult with Internal Medicine on-call to determine need for prophylaxis

COVID-19 Treatment Long-Term Care (Module)

2

Signature, Designation College License # Date Time Page 2/2