

Covid-19 iForm

PATIENT DATA

Weight: Kg

REFERENCE

Adult Coronavirus Disease 2019 Guidance Document

***No drugs are FDA-approved for the treatment of Coronavirus Disease 2019 (COVID-19). The therapeutic agents included below are supported by limited, poor-quality data. Their clinical impact and ideal place in therapy in terms of severity and timing are still unknown. At this time, use of these medications for COVID-19 should be restricted to Infectious Diseases after careful consideration of potential risks, benefits, and interactions. Supplies of these drugs are limited. Reserve use for confirmed cases (positive SARS-CoV-2 PCR) or cases with very high clinical suspicion. These recommendations do NOT necessarily apply to pregnant patients.

SEVERITY OF ILLNESS

- Mild Illness
(No hypoxia or radiographic evidence of pneumonia)
- Moderate Illness - No Risk Factors
(Need for supplemental O2 or presence of radiographic evidence of pneumonia, but not critically ill) + No Risk Factors (age > 60 years; d-dimer > 1000 ng/mL; or comorbidities such as immunocompromised state, underlying structural lung disease, cardiac disease, hypertension, and diabetes)
- Moderate Illness at least 1 risk factor
(Need for supplemental O2 or presence of radiographic evidence of pneumonia, but not critically ill) + At Least One Risk Factor (age > 60 years; d-dimer > 1000 ng/mL; or comorbidities such as immunocompromised state, underlying structural lung disease, cardiac disease, hypertension, and diabetes)
- Critical Illness
ICU status, intubated, >50 % lung involvement

CONSULTS

Physician Consults
Infectious Disease Consult for Coronavirus is required and will be submitted

MEDICATIONS

Mild

Provide Supportive care

Supportive Care

- Acetaminophen 650 mg PO q6h PRN fever and tolerating PO meds
- Acetaminophen oral solution 650 mg NG q6H PRN fever and tolerating PO meds

MEDICATIONS

Moderate - No Risk factors

Provide Supportive care

Supportive Care

- Acetaminophen 650 mg PO q6h PRN fever and tolerating PO meds
- Acetaminophen oral solution 650 mg NG q6H PRN fever and tolerating PO meds

MEDICATIONS**Moderate with Risk factors****Hydroxychloroquine**

- Hydroxychloroquine 400 mg PO BID with meals x 1 day, followed by 200 mg PO BID with meals x 4 days
- Hydroxychloroquine oral suspension 400 mg NG BID x 1 day, followed by 200 mg NG BID x 4 days

Azithromycin

- Azithromycin PO tabs 500 mg PO x 1, followed by 250 mg PO daily x 4 days
- Azithromycin IV 500 mg IV daily x 3 days

ARDS patients only

- Methylprednisolone 0.5 mg/kg/dose [0] IV q12h x 3 days

Supportive Care

- Acetaminophen 650 mg PO q6h PRN fever and tolerating PO meds
- Acetaminophen oral solution 650 mg NG q6H PRN fever and tolerating PO meds

MEDICATIONS**Critical****Hydroxychloroquine**

- Hydroxychloroquine 400 mg NG BID x 1 day, followed by 200 mg NG BID x 4 days

Tocilizumab

Use tocilizumab cautiously. It should be considered only for confirmed SARS-CoV-2 infection and ARDS. Contraindications include active bacterial, fungal or TB infection; immunosuppression; AST or ALT > 5 x ULN; ANC < 500/mm³; platelets < 50,000/mm³; and pregnancy

Normal LFTs:

- Tocilizumab Weight 50-60 kg: 400 mg IV once
- Tocilizumab Weight > 60-85 kg: 600 mg IV once
- Tocilizumab Weight > 85 kg: 800 mg IV once

Abnormal LFTs

- Tocilizumab 4 mg/kg [0] IV mg once

Azithromycin

- Azithromycin oral suspension 500 mg NG x 1, followed by 250 mg NG daily x 4 days
- Azithromycin IV 500 mg IV daily x 3 days

ARDS patients only

- Methylprednisolone 0.5 mg/kg/dose [0] IV q12h x 3 days

Supportive Care

- Acetaminophen 650 mg PO q6h PRN fever and tolerating PO meds
- Acetaminophen oral solution 650 mg NG q6H PRN fever and tolerating PO meds

COVID-19 SEDATION iForm

SELECT SEDATION PURPOSE

- COVID Rule Out
Will redirect to ICU protocol iForm. Base sedation choice on patient specific factors.
- COVID Presumed or Confirmed
Vent Days 1-7
- COVID Confirmed Positive
Ventilator days beyond 7 days

SELECT RIKER SCALE

- Light Sedation
A Riker between **3** (sedated; awakens to verbal stimuli or gentle shaking, follows simple commands) and **4** (calm and cooperative, calms, awakens easily, follows commands).
- Deep Sedation
A Riker of **2** (very sedated, arouses to physical stimuli but does not communicate or follow commands, may move spontaneously).
- Deep Sedation
A Riker of **1** (Unarousable, minimal or no response to noxious stimuli, does not communicate or follow commands).

Submit Orders

Cancel

MEDICATIONS

Ventilator days beyond 7 days

- Propofol
Initiate at 20 mcg/kg/min and titrate by no more than 10 mcg/kg/min every 10 minutes to ordered Riker score. Do not exceed 50 mcg/kg/min without physician approval.
- Fentanyl:
Initiate at 50 mcg/hr when propofol reaches 50 mcg/kg/min and titrate by 25 mcg/hr every 20 minutes to ordered Riker score. Do not exceed 150 mcg/hr without physician approval.
- Dexmedetomidine:
Initiate at 0.5 mcg/kg/hr when fentanyl reaches 150 mcg/hr and titrate by 0.1 mcg/kg/hr every 15 minutes to ordered Riker score. Do not exceed 1.5 mcg/kg/hr.

MEDICATIONS

Ventilator Days 1-7

- Midazolam:
Initiate at 2mg/hr and titrate by 1mg/hr every 20 minutes to ordered Riker score.
- Diazepam
 - 5 mg IV every 6 hours for 24 hours
 - 5 mg NG every 6 hours for 24 hours
 - 2.5 mg NG every 6 hours for 24 hours
- Dexmedetomidine:
Initiate at 0.5 mcg/kg/hr and titrate by 0.1 mcg/kg/hr every 15 minutes to ordered Riker score.

Common Labs

Please choose one: Lab Draw Nurse Draw

	Moderate symptoms, hospitalized	Severe, hospitalized (ICU)
Daily x 1	<input type="checkbox"/> Basic Metabolic Panel <input type="checkbox"/> CBC with diff <input type="checkbox"/> Magnesium	<input type="checkbox"/> Basic Metabolic Panel <input type="checkbox"/> CBC with diff <input type="checkbox"/> CPK <input type="checkbox"/> Magnesium <input type="checkbox"/> Troponin
Every 48 hours x 3 occurrences	<input type="checkbox"/> CPK <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> D-Dimer <input type="checkbox"/> Ferritin <input type="checkbox"/> LDH <input type="checkbox"/> Liver Battery	<input type="checkbox"/> CPK <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> D-Dimer <input type="checkbox"/> Ferritin <input type="checkbox"/> LDH <input type="checkbox"/> Triglycerides (if on Propofol) <input type="checkbox"/> Troponin
Clinical worsening	Select Priority: <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> Basic Metabolic Panel <input type="checkbox"/> CBC with diff <input type="checkbox"/> CPK <input type="checkbox"/> D-Dimer <input type="checkbox"/> Ferritin <input type="checkbox"/> LDH <input type="checkbox"/> Magnesium <input type="checkbox"/> Troponin	Select Priority: <input type="checkbox"/> Basic Metabolic Panel <input type="checkbox"/> CBC with diff <input type="checkbox"/> CPK <input type="checkbox"/> D-Dimer <input type="checkbox"/> Ferritin <input type="checkbox"/> LDH <input type="checkbox"/> Magnesium <input type="checkbox"/> Procalcitonin <input type="checkbox"/> Troponin

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