



**CULLMAN**  
REGIONAL

## PHYSICIAN'S ORDERS

NAME:  
ROOM NO:  
(ADDRESS)  
HOSP. NO.  
PHYSICIAN

Drug Allergies: \_\_\_\_\_

**Another brand of drug identical in form and content may be dispensed unless checked. ☐**

### COVID Admission Order Set

Admitting Physician: Dr. \_\_\_\_\_ ☐ Admit Inpatient ☐ Place in Observation Services ☐ Outpatient

Admit to: ☐ CCU ☐ Floor \_\_\_\_\_ ☐ Hospitalist \_\_\_\_\_

Consulting Physician: Dr. \_\_\_\_\_ Consult Social Services for \_\_\_\_\_

Diagnosis: ☐ Person Under Investigation COVID-19 ☐ Confirmed COVID-19 ☐ Acute Respiratory Failure ☐ Pneumonia

Condition: ☐ Stable ☐ Fair ☐ Critical ☐ Poor

Code Status: \_\_\_\_\_

Nursing: Vital Signs ☐ q 8 hours ☐ q 4 hours ☐ Specify \_\_\_\_\_ ☐ Accurate I&O

Allergies: See Nurses Notes

Activities: • Prone patient as tolerated in an effort to avoid invasive ventilation

Diet: ☐ NPO ☐ Regular ☐ 1800 Diabetic ☐ Low Cholesterol ☐ Renal ☐ Clear Liquids ☐ 2 gr NA ☐ Other \_\_\_\_\_

Cardiac Monitor: ☐ None ☐ Continuous Telemetry ☐ EKG

Oxygen: ☐ Room Air ☐ NC \_\_\_\_\_ L/min ☐ Mask \_\_\_\_\_ % ☐ High Flow Nasal O2 per algorithm protocol

• Adult Bronchodilator Assessment and Care Plan • Implement Adult Mechanical Ventilation Protocol, if intubated

Isolation: • Airborne Precautions

IV Fluids: \* A restrictive fluid management strategy is recommended. When possible, avoid maintenance fluids.

• Monitor fluid balance daily. IV: \_\_\_\_\_ at \_\_\_\_\_ ml/hr

#### **Covid-19 Treatment:**

- ☐ Transfuse 1 unit of convalescent plasma
- ☐ Remdesivir – Pharmacy Consult (for pt in severe disease only)
- ☐ Dexamethasone 6 mg Po daily
- ☐ Dexamethasone 6 mg IV daily

#### **Empiric Community Acquired Pneumonia**

- ☐ Rocephin 2gm IV daily
- PLUS 1 of the following:**
- ☐ Azithromycin 500 mg Po daily

**OR**

- ☐ Doxycycline 100mg Po bid

#### **Empiric Health Care-Associated Pneumonia**

- ☐ Vancomycin IV Pharmacy to dose
- ☐ Zosyn 4.5 g IV q 8 hours
- ☐ Levofloxacin 750 mg IV daily

#### **Bronchodilators:**

- ☐ Albuterol MDI. Inhale 4 puffs q 4 hours PRN SOB/wheezing via spacer

#### **Analgesics/Antipyretics**

- ☐ Acetaminophen 650 mg Po q 6 hr PRN mild pain (scale 1-3)/fever

#### **Prophylaxis:**

- ☐ Enoxaparin 40 mg SubQ daily
- ☐ Heparin 5000 units SubQ q 12 hours
- ☐ Enoxaparin 0.5 mg/Kg SubQ bid (consider for high risk/critical care pt or for pt with BMI > 35)
- ☐ Apixaban 5 mg Po bid

Imaging: ☐ CXR Single ☐ CT Chest without Contrast

Labs:	<input type="checkbox"/> ABG	<input type="checkbox"/> CBC	<input type="checkbox"/> CMP	<input type="checkbox"/> INR, PTT, P.T.
	<input type="checkbox"/> Troponin	<input type="checkbox"/> BNP	<input type="checkbox"/> CRP	<input type="checkbox"/> Ferritin
	<input type="checkbox"/> D-dimer	<input type="checkbox"/> Legionella Ag	<input type="checkbox"/> S. pneumo Ag	<input type="checkbox"/> Procalcitonin
	<input type="checkbox"/> Lactate	<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> LDH	<input type="checkbox"/> Flu A/B Antigen
	<input type="checkbox"/> Resp Panel PCR			

Cultures: ☐ Blood Culture x 2 ☐ Sputum Culture ☐ Urine Culture

Other: \_\_\_\_\_

ER Mid-Level Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

ER Physician Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**Cullman Regional**

**Please use Ball Point Pen ONLY**

**Physician's Orders**

**DO NOT USE: U IU QD QOD MS MSO4 MgSO4**