



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:

☐ Remdesivir – Pharmacy Consult (for pt in severe disease only)

☐ Dexamethasone 6mg Po daily

☐ Dexamethasone 6mg IV daily

Empiric Community Acquired Pneumonia

☐ Rocephin 2gm IV daily

PLUS 1 of the following:

☐ Azithromycin 500mg Po daily

OR

☐ Doxycycline 100mg Po bid

Empiric Health Care-Associated Pneumonia

☐ Vancomycin IV Pharmacy to dose

☐ Zosyn 4.5g IV q 8 hours

☐ Levaquin 750mg IV daily

Bronchodilators:

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

Analgesics/Antipyretics

☐ Acetaminophen 650mg Po q 6hrs PRN pain/fever

Prophylaxis:

☐ Lovenox 40mg SubQ daily

☐ Heparin 5000units SubQ q 12 hours

☐ Lovenox 0.5mg/Kg SubQ bid (consider for high risk/critical care patients)

☐ Eliquis 2.5mg 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"/> COVID-19 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