High Flow Oxygen Respiratory Unity (HFORU) Admission Order Set

Admission

- Admit to HFORU Dr. _____
- Admitting Diagnosis: _____

Precautions

- Contact and Droplet for routine care
- Airborne PPE in a private room during use of High Flow Nasal Canula (i.e. Optiflow or AIRVO)

Code Status

***** MRP to initiate and document a Goals of Care discussion *****

***** If cardio-pulmonary resuscitation is appropriate, follow the Protected Code Blue protocol *****

Code Status: _____

Consults

- Registered Respiratory Therapist
- Consult Physiotherapy - reason: _____
- Other: _____

Vitals

- **Height and** weight on admission
- T, HR, BP, Neurovitals q4h or _____
- Notify MD if:
  - SBP less than 90mmHg
  - RR greater than 30 breaths/minute
  - SpO_2 less than 88%
  - Agitation or decreased level of alertness
- SPO2, RR q2h or _____

Activity

- Bedrest
- AAT

- Self Proning Protocol – RN to assist patient in laying in prone position as much as tolerated by patient – patient may use a pillow placed under the hips/pelvis if desired and rest in the lateral decubitus or supine position.

Diet

- Strict NPO
- May have medication with sips
- Clear fluids with ice chips
- DAT
- Other _____

Respiratory Management

- Titrate FiO_2 to keep SpO_2 between 90% to 96%
- Ensure manual resuscitation bag with appropriate viral/bacterial filter placed between mask and the bag present in the room (see protected intubation document for details)
- O_2 _____ L/minute via nasal prongs
- Non-rebreathing mask with filter on exhalation port (Tavish mask) if available
- High Flow Nasal Cannula Trial

***** Intensivist to consider High Flow Nasal Cannula (HFNC) if: *****
Patient placed in a single isolation room plus N95
Staff following PPE for Airborne/Droplet/Contact precautions
Patients that are coughing wearing a surgical / procedure mask

  - RRT to set HFNC at initial flow rate of 40 - 50 L/minute and initial FiO_2 at 100%, then titrate to
    - 92 - 96% SpO_2
  - RN or RRT to notify Intensivist immediately if:
    - Worsening dyspnea
    - Increased work of breathing
    - RR greater than 30 breaths/minute
    - Agitation
    - SpO_2 less than 88%
    - SBP less than 90mmHg
  - Calculate ROX index q2h or q _____ [ROX Index (ROXi) = (SaO_2 / FiO_2) / RR) e.g. a patient with sat 90% on FiO_2 0.6 with RR 30 = (90 / 0.6) / 30 = 5]
  - Notify Intensivist and ICU charge nurse if ROX Index is less than the parameters below

2 Hours	6 Hours	12 Hours	All other times

less than 2.85	less than 3.47	less than 3.85	less than 4.88

- Notify Intensivist if ROXi index is declining on two serial measurements

Lab Investigations (if not already done on date of ICU admission)

- CBC with differential (to trend total lymphocyte count)
- Electrolytes
- Urea
- Creatinine
- Glucose
- ALT
- ALP
- Total Bili
- Ca Albumin
- Mg
- Phos
- Lactate
- CK
- Troponin
- INR
- Blood C + S STAT from 2 separate sites
- Urine C + S

Lab Investigations (if not already done on date of ICU admission) Continued…

Send the following labs today and q2 days

- D-Dimer
- Ferritin
- CRP
- CBC
- Electrolytes
- Creatinine
- Ca
- Mg
- Phosphate
- Albumin

If Unconfirmed COVID-19

- NP Swab STAT for FLUVID (if not already done) **mark bag "STAT priority ICU**

Diagnostic Imaging

- CXR on admission
- ECG on admission and PRN

Intravenous Fluids

- Adjust the dilution of IV medications using most concentrated solution if able
- Intensivist to reassess IV fluid infusions daily
- IV Fluid:
    - 0.9% NaCl
    - 2/3 +1/3
    - D5W
    - Ringers Lactate

  at 15mL/hr or at _____ mL/H

Medication Reconciliation

- MD to complete medication reconciliation

Antimicrobial Therapy

Antibiotics if high suspicion for co-infection with bacterial pneumonia

- cefTRIAXone 1 g IV daily x 7 days
- Oseltamivir 75mg PO q12 h for 5 days (CrCl > 60mL/min)
- Oseltamivir 45mg PO q12 h for 5 days (CrCl 30-59 mL/min)
- Oseltamivir 45mg PO q24 h for 5 days (CrCl 10-29 60mL/min)
- Oseltamivir 75mg PO q12 h for 5 days (CrCl > 60mL/min)

If patient has cephalosporin allergy (examples of IgE-mediated hypersensitivity reactions include anaphylaxis, urticaria, laryngeal edema, bronchospasm, and angioedema)

- levoFLOXacin 500 mg IV daily x 7 days (pharmacy to dose for CrCl)
- Other: _____

Corticosteroid Therapy

For patient who is receiving respiratory support (mechanical ventilation or oxygen) AND confirmed or high clinical suspicion of SARS-CoV-2:

- Dexamethasone 6 mg IV daily for up to 10 days, then reassess

Pain Nausea Management

- Acetaminophen (Tylenol®) 325 - 650 mg PO/NG/OG/PR q4h prn for pain or temperature greater than or equal to 38.5°C
- Hydromorphone 0.2 to 0.4 mg IV q4h prn for pain
- Ondansetron (Zofran®) 4 mg IV q6h prn for Nausea

VTE Prophylaxis

- Pharmacological Prophylaxis
    - Dalteparin 5,000 units subcutaneously daily at 1800
    - Dalteparin 5,000 units subcutaneously q12h (weight 101 – 120 kg)
    - Dalteparin 2,500 units subcutaneously daily at 1800 (weight less than 40 kg)
    - Dalteparin _____ units subcutaneously q _____ h (weight greater than 120 kg)
- No Pharmacological VTE Prophylaxis (if checked off, must give reason)
    - Reason:
        - Patient on therapeutic anticoagulation – see orders
        - Patient bleeding (reassess after 72 hours)
        - Fully mobile and expected stay less than 48 hours
        - Other: _____
- Mechanical Prophylaxis because of:
        - Active bleeding or high risk for bleeding
        - Hemorrhagic stroke (new)
    - Select From One of the Following Options:
        - Sequential Compression Device (SCD) therapy. Document Q12H on the MAR
        - Bilateral knee high TED stockings worn 24 hours a day. Remove only for skin care or assessment. Document Q12H on the MAR. Not recommended for stroke patients
        - Bilateral thigh high TED stockings worn 24 hours a day. Remove only for skin care or assessment. Document Q12H on the MAR. Not recommended for stroke patients
- Reassess VTE prophylaxis daily if pharmacological prophylaxis is not ordered

Electrolyte Replacement

Notify MD if K≤ 3.3, Mg≤ 0.7, PO4 ≤ 0.7 Ca (corrected) ≤ 2

Additional Orders