

Location: _____

General

Isolation (Required)

Airborne plus Contact isolation is recommended for all Confirmed or Suspected COVID-19 patients.

Please refer to the Confirmed COVID or PUI section in the [Clinical Resource Guide](#) for PPE guidance.

☒ **Airborne Isolation**

☒ **Airborne isolation status** Continuous, Routine, Include eye protection

☒ **Contact Isolation**

☒ **Contact isolation status** Continuous, Routine, Include eye protection

Nursing

Vital signs- DO NOT SET DEFAULT IN USER SETS

☐ **Vital signs - every 2 hours** Every 2 hours, Routine

☐ **Vital signs - every 4 hours** Every 4 hours, Routine

☐ **Vital signs - every 8 hours** Every 8 hours, Routine

☐ **Vital signs - per unit protocol** Per unit protocol, Routine

Activity (Required)

☒ **Strict bed rest** Until discontinued, Routine

☐ **Bed rest with bathroom privileges** Until discontinued, Routine

Bathroom Privileges: ☐ with bathroom privileges

☐ **Up with assistance** Until discontinued, Routine

Specify: ☐ Up with assistance

☐ **Activity as tolerated** Until discontinued, Routine

Specify: ☐ Activity as tolerated

COVID-19 Position Care

☐ **ICU proning interventions** Until discontinued, Routine

Indications for Proning:

BIS score 40 to 60 OR RASS - 4?

☐ **Return patient to supine post-proning** Until discontinued, Routine

HM IP COVID-19 NURSING ADM

☒ **Limit repeated entry to room** Until discontinued, -1, Occurrences, Routine, Batch all care and work with pharmacy and providers to limit repeated entry to patient care room.

☐ **Intake and output every shift** Every shift, Routine

☐ **Incentive spirometry instructions** Once, Routine

Frequency of use:

☐ **Telemetry**

☒ **Telemetry monitoring** Continuous, 3, Days, Routine

Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

Reason for telemetry:

Reason?

Sign: _____ Printed Name: _____ Date/Time: _____

☒ **Telemetry Additional Setup Information** Continuous, 3, Days, RoutineHigh Heart Rate (BPM): ☐ 120 ☐ 120.000Low Heart Rate(BPM): ☐ 50 ☐ 50.000High PVC's (per minute): ☐ 10 ☐ 10.000High SBP(mmHg): ☐ 175 ☐ 175.000Low SBP(mmHg): ☐ 100 ☐ 100.000High DBP(mmHg): ☐ 95 ☐ 100.000Low DBP(mmHg): ☐ 40 ☐ 95.000Low Mean BP: ☐ 60 ☐ 60.000High Mean BP: ☐ 120 ☐ 120.000Low SPO2(%): ☐ 94 ☐ 94.000☐ **Daily weights** Daily, Routine**IV Fluids-IV fluids for COVID-19 should be minimized****Medications****General COVID-19 Treatment****Neither Azithromycin, Hydroxychloroquine nor Ivermectin (or any combination thereof) are viable treatments for COVID-19.****Use of these agents for the treatment of COVID-19 at HM shall be limited only to within the context of a clinical trial.****Contact local Clinical Pharmacy with any questions.**☐ **Moderate to Severe COVID-19****Houston Methodist has approved this drug with certain criteria based on those who are most likely to benefit from its use. Please review the following criteria for your patient:****SARS-CoV-2 PCR or Antigen result documented within 10 days****Documented symptom onset within 10 days****REQUIRING SUPPLEMENTAL OXYGEN to maintain SpO2 GREATER than 94% or an SpO2 LESS than or EQUAL to 94% on Room Air without improvement****ALT LESS than 10x the upper limit of normal****Patients may not benefit from remdesivir treatment if they are beyond 10 days from symptom onset**☒ **remdesivir IV Loading and Maintenance Doses - HMH Only**☒ **remdesivir in sodium chloride 0.9% 100 mL infusion** 50 , intravenous, once, 1, Occurrences, 30.000 Minutes
Hold for ALT greater than 500☒ **remdesivir in sodium chloride 0.9% 100 mL infusion** 100 mg, intravenous, daily at 1000, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

☒ **remdesivir IV Loading and Maintenance Doses - HMSL Only**☒ **remdesivir in sodium chloride 0.9% 100 mL infusion** 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

☒ **remdesivir in sodium chloride 0.9% 100 mL infusion** 100 mg, intravenous, every 24 hours, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

☒ **remdesivir IV Loading and Maintenance Doses - HMB Only**☒ **remdesivir in sodium chloride 0.9% 250 mL infusion** 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

☒ **remdesivir in sodium chloride 0.9% 250 mL infusion** 100 mg, intravenous, daily at 1500, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

☒ **remdesivir IV Loading and Maintenance Doses - HMTW Only**☒ **remdesivir in sodium chloride 0.9% 100 mL infusion** 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

Sign: _____ Printed Name: _____ Date/Time: _____

☒ **remdesivir in sodium chloride 0.9% 100 mL infusion** 100 mg, intravenous, daily at 1100, 4, Occurrences, 60.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

☒ **remdesivir IV Loading and Maintenance Doses - HMCL Only**

☒ **remdesivir in sodium chloride 0.9% 250 mL infusion** 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

☒ **remdesivir in sodium chloride 0.9% 250 mL infusion** 100 mg, intravenous, daily at 1000, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

☒ **remdesivir IV Loading and Maintenance Doses - HMWB Only**

☒ **remdesivir in sodium chloride 0.9% 250 mL infusion** 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

☒ **remdesivir in sodium chloride 0.9% 100 mL infusion** 100 mg, intravenous, nightly, 4, Occurrences, 60.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

☒ **remdesivir IV Loading and Maintenance Doses - HMW Only**

☒ **remdesivir in sodium chloride 0.9% 250 mL infusion** 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

☒ **remdesivir in sodium chloride 0.9% 250 mL infusion** 100 mg, intravenous, daily at 1000, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

☒ **remdesivir IV Loading and Maintenance Doses - HMCCH Only**

☒ **remdesivir in sodium chloride 0.9% 250 mL infusion** 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

☒ **remdesivir in sodium chloride 0.9% 250 mL infusion** 100 mg, intravenous, daily at 1000, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

☐ **Mild COVID-19**

Houston Methodist has approved the use of a 3 day course of remdesivir in patients with mild COVID-19 not admitted to the hospital for COVID related symptoms

Please review the following criteria for your patient:

- Patient was NOT hospitalized BECAUSE OF COVID-19 diagnosis and/or symptoms

Patient is currently NOT REQUIRING OXYGEN (or increase in baseline oxygen requirement)

Patient has not received remdesivir in last 90 days

Patient is immunocompromised - OR - > 65 with at least one comorbid condition conferring high risk to progression

If patient was hospitalized BECAUSE OF COVID-19 AND REQUIRING OXYGEN, please see "Moderate to Severe COVID-19"

☒ **Mild - HMB Only**

☒ **remdesivir infusion** 200 mg, intravenous, once, 1, Occurrences

Hold for ALT greater than 500

☒ **remdesivir infusion** 100 mg, intravenous, daily at 1500, 2, Occurrences, S+1

Hold for ALT greater than 500

☒ **Mild - HHM Only**

☒ **remdesivir infusion** 200 mg, intravenous, once, 1, Occurrences

Hold for ALT greater than 500

☒ **remdesivir infusion** 100 mg, intravenous, daily at 1100, 2, Occurrences, S+1

Hold for ALT greater than 500

☒ **Mild - HMW Only**

Sign: _____ Printed Name: _____ Date/Time: _____

☒ **remdesivir infusion** 200 mg, intravenous, once, 1, Occurrences

Hold for ALT greater than 500

☒ **remdesivir infusion** 100 mg, intravenous, daily at 1500, 2, Occurrences, S+1

Hold for ALT greater than 500

☒ **Mild - HMWB Only**

☒ **remdesivir infusion** 200 mg, intravenous, once, 1, Occurrences

Hold for ALT greater than 500

☒ **remdesivir infusion** 100 mg, intravenous, nightly, 2, Occurrences

Hold for ALT greater than 500

☒ **Mild - HMSL Only**

☒ **remdesivir infusion** 200 mg, intravenous, once, 1, Occurrences

Hold for ALT greater than 500

☒ **remdesivir infusion** 100 mg, intravenous, every 24 hours, 2, Occurrences, S+1

Hold for ALT greater than 500

☒ **Mild - HMCL Only**

☒ **remdesivir infusion** 200 mg, intravenous, once, 1, Occurrences

Hold for ALT greater than 500

☒ **remdesivir infusion** 100 mg, intravenous, daily at 1300, 2, Occurrences, S+1

Hold for ALT greater than 500

☒ **Mild - HMCCH Only**

☒ **remdesivir infusion** 200 mg, intravenous, once, 1, Occurrences

Hold for ALT greater than 500

☒ **remdesivir infusion** 100 mg, intravenous, daily at 1000, 2, Occurrences, S+1

Hold for ALT greater than 500

☒ **Mild - HMTW Only**

☒ **remdesivir infusion** 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

☒ **remdesivir infusion** 100 mg, intravenous, daily at 1100, 2, Occurrences, 60.000 Minutes

Hold for ALT greater than 500

Dexamethasone PO or IV

-Dexamethasone should only be used in COVID-19 patients (a) requiring oxygen supplementation or (b) requiring ventilator support.

-Caution in using steroids early in COVID-19 disease (i.e. symptoms less than 7 days).

☐ **dexamethasone (DECADRON) tablet** 6 mg, oral, daily, 10, Occurrences

☐ **dexamethasone (DECADRON) IV** 6 mg, intravenous, daily, 10, Occurrences

☐ **dexamethasone 4 mg/mL oral suspension** 6 mg, oral, daily, 10, Occurrences

Note: Suspension is alcohol-free

☐ **Immunomodulatory Agents**

☐ **Baricitinib (OLUMIANT) for COVID-19 (RESTRICTED)**

☒ **baricitinib (OLUMIANT) tablet (RESTRICTED)** 4 mg, oral, daily at 1700, 14, Occurrences

RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of one? The patient has PCR-confirmed SARS-CoV-2/COVID and is requiring Humidified High-Flow Oxygen (Airvo) support or invasive or non-invasive ventilation.:

Does the patient have a history of TB?

Does the patient have an active bacterial or fungal infection?

The patient has an ALC LESS than 200 or ANC LESS than 1000 or hemoglobin LESS than 8:

Is this patient on renal replacement therapy?

I am aware that baricitinib increases the risk for secondary bacterial and fungal infections.:

May dissolve INTACT tablet in 20-30 mL of water for administration via feeding tube. DO NOT CRUSH.

☐ **QuantIFERON-TB Gold Plus, 4 tube** AM draw, 1, Occurrences, Routine, Blood, 3

Sign: _____ Printed Name: _____ Date/Time: _____

- ☐ **Coccidioides antibody, IgG/IgM by ELISA** AM draw, 1, Occurrences, Routine, Blood, 3

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

- ☐ **Histoplasma Abs** AM draw, 1, Occurrences, Routine, Blood, 3

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

- ☐ **Pharmacy consult to manage dose adjustments for renal function** Until discontinued, Routine

Adjust dose for:

Please assess for hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (CRRT) orders in addition to creatine clearance when making dose adjustments.

- ☐ **tocilizumab (ACTEMRA) infusion for COVID (RESTRICTED)** intravenous, once, 1, Occurrences, STAT

RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of one?

Is this a repeat dose?

Does the patient have a history of TB?

Does the patient have an active bacterial or fungal infection?

Does the patient have chronic bowel disease – risk of GI perforation?

I am aware that Tocilizumab increases the risk for secondary bacterial and/or fungal infections.:

Laboratory

HM IP COVID-19 REPEAT ADMISSION LABS

- ☐ **CBC with platelet and differential** AM draw repeats, 3, Occurrences, Routine, Blood, 3

- ☐ **Comprehensive metabolic panel** AM draw repeats, 3, Occurrences, Routine, Blood, 3

- ☐ **ADDITIONAL DAILY LABS for Critical Illness/Clinical Deterioration**

ADDITIONAL DAILY LABS for Critical Illness/Clinical Deterioration

- ☒ **Troponin T** AM draw repeats, 3, Occurrences, S+1, Routine, Blood, 3

- ☒ **D-dimer** AM draw repeats, 3, Occurrences, S+1, Routine, Blood, 3

- ☒ **LDH** AM draw repeats, 3, Occurrences, S+1, Routine, Blood, 3

- ☒ **Ferritin level** AM draw repeats, 3, Occurrences, S+1, Routine, Blood, 3

COVID-19 Additional labs-Critical Illness/Clinical Deterioration

- ☐ **CBC with platelet and differential** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Comprehensive metabolic panel** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Prothrombin time with INR** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Partial thromboplastin time, activated** STAT, 1, Occurrences, Routine, Blood, 3

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

- ☒ **NT-proBNP** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Troponin T** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Procalcitonin** STAT, 1, Occurrences, Routine, Blood, 3

Laboratory-COVID-19 Inflammatory bundle

- ☒ **C-reactive protein** Once, Routine, Blood, 3

- ☒ **Interleukin 6** Once, Routine, Blood, 3

- ☒ **Ferritin level** Once, Routine, Blood, 3

- ☒ **D-dimer** Once, Routine, Blood, 3

- ☒ **LDH** Once, Routine, Blood, 3

- ☒ **Fibrinogen** Once, Routine, Blood, 3

- ☐ **Lactic acid level - Now and repeat 2x every 3 hours** Now and repeat 2x every 3 hours, 3, Occurrences, Routine, Blood, 3

Microbiology-Blood Cultures

- ☐ **Blood culture, aerobic and anaerobic x 2**

- ☒ **Blood culture, aerobic and anaerobic x 2**

Most recent Blood Culture results from the past 7 days:

Sign: _____ Printed Name: _____ Date/Time: _____

@LASTPROCRESULT(LAB462)@

Blood Culture Best Practices (<https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf>)

☒ **Blood culture, aerobic & anaerobic** Once, Routine, Blood, Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

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Laboratory-Type and Screen

☒ **Type and screen** STAT, 1, Occurrences, Routine, Blood

Respiratory**Respiratory**

Avoid BiPAP and CPAP to avoid aerosolization of virus

Click here for COVID-19 Oxygen therapy algorithm (<\\epic-nas.et0922.epichosted.com\\static\\OrderSets\\COVID19 Hypoxemia Algorithm.pdf>)

☐ **Oxygen therapy** Continuous, Routine, Keep HFNC flow under 30L/min

Device: ○ High Flow Nasal Cannula (HFNC)

Titrate to keep O2 Sat Above: 92%

Device:

Indications for O2 therapy:

Cardiology**HM IP COVID CARDIOLOGY ORDERS**

ECG on admission to ICU for baseline QTc and daily if on multiple agents that prolong QTc.

☐ **ECG 12 lead** STAT, 1, Occurrences, Routine, 6

Clinical Indications: ○ Rate/Rhythm

Interpreting Physician:

☐ **ECG 12 lead** Daily, 3, Occurrences, Routine, 6

Clinical Indications:

Interpreting Physician:

☐ **Transthoracic Echocardiogram Complete, (w Contrast, Strain and 3D if needed)** 1 time imaging, Routine

Does this study require a chemo toxicity strain protocol?

Does this exam need a strain protocol?

Call back number for Critical Findings:

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

If this patient has had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report on the left. Please contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.

For STAT order, select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo attending can communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform the test as stat. Please note that nursing unit phone number or NP phone number do not meet this request'

Other Indications should be ordered for TODAY or Routine.

For Discharge or Observation patient, please choose TODAY as Priority.

Imaging**Imaging**

☒ **XR Chest 1 Vw Portable** 1 time imaging, 1, Occurrences, STAT

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Daily XR Chest 1 Vw Portable** Daily imaging, -1, Occurrences, S+1, Routine, Consider daily CXR for the following patients:

Age > 70, BMI > 40, or Increasing O2 requirements on the floor.

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Physician Consults

Sign: _____ Printed Name: _____ Date/Time: _____

Physician Consults

Consider using these consults to assist with management of the COVID-19 positive patient.

☐ **Consult Infectious Diseases for moderate to severe COVID-19 patient** Once, Routine

Reason for Consult? o Management of COVID-19 positive patient

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

☐ **Consult Pulmonary/Crit Care for respiratory insufficiency** Once, Routine

Reason for Consult? o Management of COVID-19 positive patient with respiratory insufficiency

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

☐ **Consult Nephrology/Hyperten** Once, Routine

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Ancillary Consults

COVID-19 CONSULTS

☐ **Consult to Palliative Care Service**

☒ **Consult to Palliative Care Service** Once, Routine

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

☐ **Consult to Nutrition Services** Once, Routine

Reason For Consult?

Purpose/Topic:

Reason for Consult?

☐ **Consult to Spiritual Care** Once, Routine

Reason for consult?

Reason for Consult?

For requests after hours, call the house operator.

☐ **Consult to Social Work** Once, Routine

Reason for Consult:

Reason for Consult?

☐ **Consult to Case Management** Once, Routine

Consult Reason:

Reason for Consult?