

# Covid positive patient admitted to an intensive care unit



## Manage orders

### Labs

#### Order additional labs:

- RPP, urine legionella, urine strep, blood cx, sputum
- If intubated: BAL culture, lower respiratory tract panel

#### Order Covid initial specific labs:

- CRP, D-dimer
- Consider ferritin, troponin, procal, CK, LDH
- Repeat at clinician discretion, not more than q48 hrs

### Medications

Order Dexamethasone if hypoxemic from Covid, unless contraindications\*

Order Remdesivir if ALT results  $<10\times$  ULN, and if hypoxemic, immunosuppressed, or indicated by ID consultant\*

Consider convalescent plasma in the early course of disease (ideally  $\leq 3$  days of symptoms, no more than 7 days)\*

[\\*Click here for more details on therapeutic dosing and evidence review](#)

Follow intensive anticoagulation prophylaxis protocol, or contraindications documented

If CAP/HAP coverage is initiated, stop as soon as possible based on clinical laboratory assessment. *Do not continue coverage longer than 48 hours unless indicated.*



## Follow protocols

### Goals

Discuss and document goals of care. Consult palliative care if needed to assist.

HCPOA documented and scanned in to the chart

### Mobility

If no contraindications present, proning if P to F ratio  $<150$  at least 16 hours per 24hrs.

Patients with ARDS should follow the ARDS protocol.

Use the mobility algorithm to determine if PT/OT is needed.

Include therapies in rounds.

### Infection Prevention

Maintain CAUTI and CLABSI prevention pathways



## Transition Care

### Intubated Patients

Complete early assessment of trached patients by ENT and/or SLP to downsize, assess PMV candidacy, or cap trach

Complete SLP evaluation (swallow, Passy Muir Speaking Valve, alternative communication needs) for trached patients, if indicated.

Complete RN swallow screen for all extubated patients, with SLP referral if screen is failed