

# Covid positive patient admitted to a medical unit



## Manage orders

### Labs

Ensure D-dimer and CRP were done on day of admission

Follow normal criteria for ordering a c diff test in the first 3 days. After 3 days, restrict c diff ordering to:

- new or worsening symptoms
- leukocytosis and/or imaging consistent w/colitis
- no laxatives within 2 days prior to onset of symptoms

### Medications

Assess for clinical trial eligibility prior to administration of COVID active therapeutics

Order Dexamethasone if hypoxemic from Covid, unless contraindications.\*

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

Consider convalescent plasma in the early course of disease (ideally ≤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

Avoid routine maintenance fluids (IVF orders) unless evidence of volume depletion such as AKI or hypotension

Avoid antibiotics unless leukocytosis, focal lobar infiltrate, or clinical decompensation.

*Doxy or Azithro/ceftriaxone as first line if CAP suspected. If considering antibiotics, order serial procal.*



## 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

Practice early mobility guidelines when able. When the patient is in bed - consider self prone positioning and lateral repositioning for all hypoxic patients. Contraindications: inability to turn in bed, altered mental status, risk for aspiration

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

Include therapies in rounds

Monitor O2 sat on room air or patient's home O2 level. Notify provider if O2 sat <90 with ambulation and sustained for 30 seconds.

*Consider therapeutics specific for hypoxia if this is noted.*

### Infection Prevention

Maintain CAUTI and CLABSI prevention pathways



## Plan for discharge

### Throughout Admission

Include social work/case management in local IDR process for all Covid admissions. Use the discharge checklist to facilitate discharge planning, considering:

1. Anticipated discharge location/post acute services
2. Insurance coverage
3. Safe quarantine plan
4. PCP follow up plan

Retest for COVID as required by receiving LTAC, SNF, or psychiatric facility

### Discharge Guidelines

Guidelines for discharge to home:

1. O2 sat above 90
2. Improved fever curve
3. Assessment of deterioration risk based on:
  - Day of illness
  - Inflammatory markers
  - Patient symptoms
4. Safe isolation plan
5. Counsel on family isolation precautions

### Post Discharge

Initiate INR monitoring for warfarin patients, including which doctor will follow or register for anticoagulation clinic if possible

Offer psychologic support for survivors