



Prescriber's Order Sheet

Long Term Care COVID-19 Medications

These orders are intended to initiate medical and comfort care for COVID-19 positive residents remaining within the LTC/PCH setting. Resident allergies, intolerances and contraindications must be considered when completing these orders.

Automatically activated, if not in agreement, cross out and initial **Activated by checking the box**

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Weight: _____ kg Date: | | | | | | | | Creatinine Clearance: _____ mL/min Date: | | | | | | | |

MEDICATION ORDERS

Pain and Fever:

- acetaminophen 650 mg to 1000 mg PO q6h PRN
- acetaminophen 650 mg PR q6h PRN

Max 4,000 mg/day from all sources; in older adults with hepatic impairment or history of alcohol abuse, suggested max is 3,000 mg/day; consider potential benefit versus risk in a resident near end-of-life.

Pain and Dyspnea:

Chronic Scheduled Opioids:

- Consider increase in chronic scheduled opioid, please specify below. A 25–50% increase is suggested.

Opioid naïve:

- Preferred: HYDROMorphone 0.5 mg to 1 mg PO/sublingual q2h PRN OR HYDROMorphone 0.2 mg to 0.4 mg subcut q2h PRN

OR

- morphine 2.5 mg to 5 mg PO/sublingual q2h PRN OR morphine 1 mg to 2 mg subcut q2h PRN

If giving opioids, assess pain and dyspnea every 1 hour

If pain or dyspnea is not controlled, contact prescriber to consider opioid dose escalation

Secretions:

- scopolamine 0.4 mg subcut q4h PRN

OR

- glycopyrrolate 0.4 mg subcut q4h PRN

Nausea, Agitation, Hyperactive Delirium:

- haloperidol 0.5 mg to 1 mg PO/subcut q2h PRN

OR

- methotrimeprazine 2.5 mg to 10 mg PO/subcut q4h PRN

Anxiety:

- LORazepam 0.5 mg to 1 mg PO/sublingual/subcut q2h PRN

Venous Thromboembolism (VTE) Prophylaxis:

Consider prophylaxis for residents without contraindications, and based on goals of care and assessment of risk factors for both thrombosis and bleeding.

- Contraindication to pharmacologic prophylaxis
- Currently anticoagulated for pre-existing condition
- dalteparin 5,000 units subcut once daily x 10 days then reassess *(Avoid for residents with creatinine clearance less than 30 mL/min or if on dialysis)*
- dalteparin _____ units subcut once daily x 10 days then reassess *(Usual dose 2,500 units daily for residents less than 40 kg or 7,500 units daily for BMI greater than 40 kg/m². Avoid for residents with creatinine clearance less than 30 mL/min or if on dialysis)*
- heparin 5000 units subcut q12h x 10 days then reassess

Antiviral Treatment

Assess for antiviral treatment if consistent with the resident's goals of care and consent obtained.

Oral nirmatrelvir + ritonavir (Paxlovid™)

Resident must:

- Have mild-moderate symptoms of COVID-19 with onset within the last 5 days
- Be able to swallow tablets whole (Paxlovid™ cannot be crushed, chewed or split, and cannot be administered via feeding tube)
- Have an eGFR 30 mL/min or greater (CKD-EPI formula) based on the most recent serum creatinine within the last 6 months
- Not have severe hepatic impairment (Child-Pugh Class C)
- Not have absolute drug contraindications – phenytoin, carbamazepine, phenobarbital, amiodarone, tacrolimus, or St. John's Wort

eGFR greater than or equal to 60 mL/min:

- nirmatrelvir 300 mg oral q12h x 5 days AND ritonavir 100 mg oral q12h x 5 days

eGFR 30-59 mL/min:

- nirmatrelvir 150 mg oral q12h x 5 days AND ritonavir 100 mg oral q12h x 5 days

eGFR less than 30 mL/min – CONTRAINDICATED

Remdesivir IV

Consider remdesivir IV for residents who cannot take oral nirmatrelvir & ritonavir (Paxlovid™) if they meet provincial eligibility criteria OR for residents on supplemental oxygen or IV fluids. Complete the IV antiviral referral form: <https://sharedhealthmb.ca/files/covid-19-treatment-referral-form.pdf>

Other Recommendations:

To initiate the specific condition recommendations below, document a new prescriber order in the resident health record.

Hydration and Nutrition:

Encourage oral nutrition and hydration and regularly assess resident for dehydration. Recommended interventions if consistent with the resident's goals of care:

- For mild dehydration, encourage oral hydration and consider hypodermoclysis
- For moderate dehydration, encourage oral hydration and IV hydration via CIVP consult
- If the resident requires more parenteral fluid than can be provided at the PCH, consider transfer to acute care

Residents with Hypoxia on Supplemental Oxygen:

Dexamethasone may decrease mortality in residents with hypoxia requiring supplemental oxygen due to the symptoms of COVID-19. The recommended course is:

- dexamethasone 6 mg PO daily x 10 days or until off supplemental oxygen

Residents with Suspected Bacterial Coinfection:

Antibiotics should not be prescribed routinely in LTC residents with COVID-19 as bacterial coinfection is rare. Empiric antibiotic treatment can be considered for LTC residents with COVID-19 when there is a strong clinical suspicion for bacterial coinfection. The recommended antibiotic therapy is:

- cefuroxime 500 mg PO q12h x 5 days AND azithromycin 500 mg PO daily x 3 days. Reassess for response after 48 hours.

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|-----------------------------|--------------------------------|---------------------------|-----------------|
| Prescriber Signature: _____ | Prescriber Printed Name: _____ | Date D D M M M Y Y Y Y | Time 24 HOUR |
|-----------------------------|--------------------------------|---------------------------|-----------------|

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|---|----------|---------------------------|-----------------|--|
| <input type="checkbox"/> Orders Faxed to Pharmacy | Initials | Date D D M M M Y Y Y Y | Time 24 HOUR | <i>Generic substitution authorized unless otherwise specified. All orders to continue until next Quarterly Medication Review (QMR) unless otherwise specified.</i> |
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Instructions for Use

- These orders are intended to initiate medical and comfort care for COVID-19 positive residents remaining within the LTC/PCH setting.
- These orders should be discussed with the resident/families as part of updating the goals of care.
- These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.
- Resident allergies, intolerances, and contraindications must be considered when completing these orders.

Procedure:

1. Complete the addressograph section.
2. Enter the weight and creatinine clearance (CrCl) in the space provided and indicate the date the measurement was done.
3. Orders with solid boxes (■) are automatically activated. If not in agreement with these orders, cross them out and initial.
4. Orders with open boxes (□) are activated by checking the box.
5. Review each section and consider the medications the residents may need if COVID-19 symptoms develop or worsen.
 - Pain and dyspnea
 - If increasing the order for the resident's chronic scheduled opioid, document the generic drug name, dose, route, frequency on the line provided.
 - Secretions
 - Suggest choosing either scopolamine OR glycopyrrolate for management of secretions
 - Nausea, agitation, hyperactive delirium
 - Suggest choosing either haloperidol OR methotrimeprazine for management of nausea, agitation, hyperactive delirium
 - Venous thromboembolism (VTE) prophylaxis
 - To reduce the incidence of venous thromboembolism in acutely ill residents with COVID-19, use pharmacological prophylaxis in residents without contraindications, and based on an assessment of individual risk factors for both thrombosis and bleeding.
 - Residents who are currently anticoagulated for a pre-existing condition (e.g. on warfarin, or direct oral anticoagulant [DOAC]) do not require further prophylaxis.
 - Consult the resident's renal function when choosing VTE prophylaxis. Use dalteparin if the CrCl is greater than 30 mL/min, or heparin if the CrCl is less than 30 mL/min or the resident is on dialysis.
 - Antiviral Treatment
 - Consider antiviral treatment for residents with COVID-19 symptoms if consistent with the resident's goals of care and consent obtained.
<https://sharedhealthmb.ca/covid19/treatment/>
6. Other Recommendations:
 - Consider the recommendations in this section for specific conditions that the resident may experience later during their COVID-19 course of illness.
 - To initiate the medications or treatments recommended, document as a new prescriber order in the resident health record.
7. Complete "Prescriber Signature", "Prescriber Printed Name" and "Date" and "Time". If the order is given by phone, the healthcare professional should document it as a phone order and the prescriber should co-sign at their next visit to the facility.
8. Fax the order form to pharmacy. Check the box "Orders Faxed to Pharmacy", initial, and enter "Date" and "Time" sent. Generic substitution authorized unless otherwise specified.
9. Transcribe the activated medications on the resident's medication administration record (MAR) and place form in the Orders section of the resident health record.
10. DO NOT change the order form after its initial completion. Any order changes should be documented as a new prescriber order in the resident health record.
11. Reassess the medication orders when the resident recovers from COVID-19. The orders will continue until next Quarterly Medication Review (QMR) unless otherwise specified or discontinued by a new prescriber order.