Covid positive patient admitted to an intensive care unit

Manage orders
- 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

Follow protocols
- Labs
  - Discuss and document goals of care. Consult palliative care if needed to assist.
  - HCPOA documented and scanned in to the chart
- Goals
  - 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

Goals
- Discuss and document goals of care. Consult palliative care if needed to assist.
- HCPOA documented and scanned in to the chart

Medications
- 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

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.