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