

To: YNHHS Prescribers, Nurses, Pharmacists

From: Diana Lemieux, PharmD, BCCCP; Ginger Rouse, PharmD, BCPS, BCCCP; Mahmoud Ammar, PharmD, BCPS, BCCCP, Lydia Tran, PharmD, BCPS

Subject: Pharmacist COVID Drug Monitoring Standing Order

Date: April 22nd, 2020

S: Due to increasing numbers of COVID patients, new workflows for patient monitoring are needed.

B: COVID-19 positive patients or COVID persons under investigation (COVID PUI) require close monitoring of their medications, especially as many medication therapies being used in this patient population are high-risk medications. Pharmacists have been commonly intervening on anticoagulation therapies, continuous infusion of sedatives, analgesics, and paralytics as well as other COVID-related therapies.

A: In order to optimize clinical monitoring for COVID positive patients or COVID PUI and reduce entry into patient’s rooms, a new standing order is being proposed.

R: For patients with confirmed or suspected COVID-19, consider the following:

ACTION	DESCRIPTION/CONDITION	RECOMMENDATION
Height and Weight (NUR463)	Pharmacist can place this order if the patient is on a medication which requires either parameter for drug dosing	<ol style="list-style-type: none"> 1. Pharmacist is to confirm that this order is not already in place 2. Pharmacist can enter the order as a “Standing order: cosign required”
Triglycerides (LAB134) & Lipase (LAB99)	Pharmacist can order these labs if the patient is on a propofol drip and no triglycerides/lipases have been ordered.	<ol style="list-style-type: none"> 1. Pharmacist can enter the order as a “Standing order: cosign required” IF they are adding the lab unto an existing specimen or clustering the lab with existing lab draws 2. If TG <600, the pharmacist can order baseline and standing q72h levels. If TG >600, the pharmacist should order TG to be drawn every 24 hours 3. Any abnormal level will be discussed with the LIP
Osmolality (LAB107)	Pharmacist can place this order if the patient is on a lorazepam infusion and no serum osmolality has been ordered.	<ol style="list-style-type: none"> 1. Pharmacist can enter the order as a “Standing order: cosign required” IF they are adding the lab unto an existing specimen or clustering the lab with existing lab draws 2. The pharmacist should order serum osmolality to be drawn every 24 hours 3. The serum osmolality must be drawn at the same time as the BMP 4. Any abnormal level will be discussed with the LIP
Magnesium (LAB103)	Pharmacist can place this order if the patient is on hydroxychloroquine and no magnesium has been ordered in last 24 hours	<ol style="list-style-type: none"> 1. Pharmacist can enter the order as a “Standing order: cosign required” IF they are adding the lab unto an existing specimen or clustering the lab with existing lab draws 2. The pharmacist should order magnesium to be drawn every 24 hours 3. Any abnormal level will be discussed with the LIP
D-Dimer [LAB313]	Pharmacist can place this order for patients with confirmed COVID-19 in whom no d-dimer lab has been ordered in 24 hours	<ol style="list-style-type: none"> 1. Pharmacist can enter the order as a “Standing order: cosign required” IF they are adding the lab unto an existing specimen or clustering the lab with existing lab draws 2. Any abnormal level will be discussed with the LIP

ACTION		DESCRIPTION/CONDITION	RECOMMENDATION
Concentrating infusion OR changing to a larger bag size:		<p>The pharmacist can concentrate/make into larger bag the listed infusions provided the patient has met the following criteria:</p> <ul style="list-style-type: none"> • Infusion rate necessitates changing the bag more frequently than q6hrs AND the infusion rate has not been down-trending in the last 6 hours • VASOPRESSORS ONLY: patient has a documented central line and pharmacist has confirmed that a lumen is available for vasopressor use <p>Exclusion: The pharmacist will not change infusions to a more diluted concentration as that would require evaluation of the patient's volume status</p>	<ol style="list-style-type: none"> 1. Pharmacist can enter the order as a "Standing order: cosign required" after consideration of inclusion/exclusion criteria in previous column 2. Pharmacist will ensure that the dosing range (e.g., titratable vs non-titratable), fluid type (D5W vs NS), dosing weight, indication, and titration parameters (e.g., MAP goals, RASS goals, etc) remain the same between orders 3. Pharmacist will communicate to the RN that the concentration/bag size have been changed and that the RN will need to change to correct concentration on the smart pump and replace the existing tubing (for changes in concentration only)
Midazolam	Lorazepam		
Cisatracurium	Rocuronium		
Dopamine	Norepinephrine		
Epinephrine	Phenylephrine		

Endorsements

YNHHS COVID-19 Inpatient Care Subgroup, YNHHS COVID-19 Critical Care Subgroup, YNHHS Pharmacy Drug Use Policy COVID-19 Planning Committee: 4-2020