

CHEO Medical Directive

1. **Name of the Medical Directive:** Assessment, diagnostic testing, administration of antipyretics, and disposition of children presenting to Ottawa COVID-19 Assessment Centres by CHEO clinicians

Approval Status (Dates)

Version/Revision	MDC Submission	MDC Approval
Version 1	March 12, 2020	March 13, 2020

Effective Date: 13 March 2020

Directive Number: 2180

Renewal Frequency: N/A

Expiry Date: 11 March 2021

2. **Contact Information**

Area of Practice: Ottawa COVID-19 Assessment Centres

Medical Director: Dr. Ken Farion, IMS Incident Commander

Developed By: Dr. Ken Farion, Jesse Auguste, Dr. Terry Varshney, Liane Boisvert, Ariyan Marvizi, Lynn Rastelli

3. **Purpose Statement**

- This medical directive allows Registered Nurses (RN), Physician Assistants (PA), and Registered Respiratory Therapists (RRT) working in a COVID-19 Assessment Centre to assess patients, order and obtain nasopharyngeal swabs, and make a disposition decision without a physician assessment and/or direct order.
- This directive will also allow the above disciplines, along with Registered Practical Nurses (RPN), to administer antipyretics (acetaminophen and/or ibuprofen) for fever and/or pain. The dose to be administered will be dictated by the patient’s age, weight, parental preference, clinical judgment and timing from last dose.
- Disposition decisions made by the RN, PA or RRT can be: 1) discharge home with appropriate instructions for very stable patients; 2) engage a physician for further assessment (on-site or through telemedicine); or 3) transfer to CHEO Emergency Department via family vehicle or ambulance, as appropriate, for patients requiring further assessment or stabilization.

4. **Personnel Authorized to Implement the Medical Directive**

CHEO Registered Nurses, Registered Practical Nurses, Registered Respiratory Therapists & Physician Assistants working in a COVID-19 Centralized Assessment Centre.

5. **Patient Population and Indications**

Pediatric patients (0-17y) presenting for assessment within the guidelines set out by Ottawa Public Health (expected to change over time):

- New or worsening cough and/or fever

AND any one of the following within 14 days:

- Travel as defined by [Ottawa Public Health](#)*
- Close contact with a sick traveler to an area defined by Ottawa Public Health
- Close contact with a confirmed or probable COVID-19 case

6. **Contraindications**

For COVID-19 testing

- Does not meet the testing directive (will change over time) issued by Ottawa Public Health

For Administration of Acetaminophen

- No age contraindication
- Therapeutic dose of acetaminophen administered within the last 4 hours or maximum dose in the last 24 hours
- Hypersensitivity to acetaminophen
- Hepatic or kidney disease

For Administration of Ibuprofen

- Age <4 weeks
- Therapeutic dose of ibuprofen administered within the last 6 hours
- Hypersensitivity to ibuprofen
- Patients within 2 weeks of tonsillectomy and/or adenoidectomy
- Patients with active varicella
- Patients with inflammatory bowel disease
- Patient with upper GI inflammatory symptoms that suggests esophagitis, gastritis or peptic ulcer disease
- Renal disease
- Patients with suspected/confirmed thrombocytopenia or bleeding disorder, or on anticoagulants
- Oncology patients under active treatment

7. Description of the Procedure**Patient Assessment**

- Complete and document a concise history of present illness, including travel and contact history, duration and extent of common febrile respiratory symptoms (fever, cough, congestion, sore throat, difficulty breathing), associated constitutional symptoms (nausea/vomiting, diarrhea, headache) and fluid status (intake, urine output)
- Obtain and document a full set of vital signs (Temperature, HR, RR, BP, Saturation)
- Inquire about chronic medical conditions or medications. Review the patient's past medications, allergies and problem list in Epic, if available.
- Conduct and document a focused physical examination (level of activity/arousal, colour/perfusion, work of breathing, chest auscultation, and hydration)
- **If at any time the patient has worrisome history or physical findings, immediately notify the physician.**

COVID-19 testing

Identify appropriate patients, as per indications outlined by Ottawa Public Health, and order the following COVID-19 testing in Epic using Medical Directive ordering mode:

- Coronavirus Panel: nasopharyngeal swab
- Once the sample has been obtained, document the specimen collection in the electronic record.

Administration of Acetaminophen or Ibuprofen

- Identify patients with fever as documented (>38.0 degrees taken with no-touch forehead scanning thermometer)
- Assess patient for recent treatment of fever to avoid duplication of administration.
- Assess patient for contraindications to medications.
- Weigh the patient, if not already completed, and document in the clinical record.
- Order and administer the appropriate antipyretic dose(s), as appropriate., using Medical Directive ordering mode:
- Epic uses dose rounding logic to calculate a dose that will be easy to dispense and administer. This Epic dose can be accepted.
 - **IBUPROFEN** – AGE 4 wks to 6 months –5 mg/kg administered PO q8h prn
 - **IBUPROFEN** – AGE > 6 months – 10 mg/kg (max 600 mg) administered PO q6h prn
 - **ACETAMINOPHEN** – 15 mg/kg (max 975 mg) administered PO or PR q4h prn, to a max daily dose of 75 mg/kg/d or 4 gram/day
- Document the medication administration.
- **If at any time the patient deteriorates, immediately notify the physician.**

Disposition

- Make a disposition decision in conjunction with the parents based on clinical findings and judgement. When in doubt, contact the physician for further evaluation or review:
 - Discharge Home: (ALL OF)
 - previously healthy children or those with stable chronic illnesses
 - have mild symptoms
 - have been able to maintain hydration
 - have stable vital signs
 - no signs of respiratory distress (elevated RR, work of breathing (may have mild wheezes, crackles or rhonchi)
 - normal oxygenation (Sats \geq 94% in room air)
 - no lethargy or dehydration
 - Physician Assessment – if any concerns are identified by the clinician or if parental preference to be seen by a physician is voiced, the physician will be engaged to complete the assessment and disposition planning.
 - Transfer to Hospital – refer patients with any of the following to hospital for further assessment:
 - abnormal vital signs (persistent 30-45 minutes after antipyretic administration, if febrile)
 - respiratory distress
 - hypoxia (Sats $<$ 94% in room air)
 - lethargy
 - signs or history of dehydration

Call ahead and coordinate the family transporting the patient by car or utilize EMS to send the patient more urgently, as appropriate.
- For all patients being discharged, complete, print and review the After Visit Summary with the patient and family, including:
 - standard instructions to seek reassessment if the child develops respiratory distress, lethargy, pain or is not maintaining hydration, as outlined in the CHEO Fever and Influenza information sheets;
 - proper antipyretic dosing for the patient's weight
 - answers to any questions or concerns the patient or family raises.

Complete the Epic Documentation and Close the Encounter, unless the physician has been involved (they will close the encounter)

8. Consent and Documentation

- Verbal consent will be obtained by the clinician from patient or guardian
- The nurse, RT or PA will document a refusal of consent
- **The nurse, RT or PA will enter the orders for diagnostic tests and/or medications into Epic using order mode “per medical directive” and “COVID-19” in the comment section.**
- Documentation of the medication will be made in the appropriate record.
- Specimens will be listed as “collected” in the system, once collected.

9. Quality Management Process

- All applicable clinical staff will be oriented to the medical directive by the clinical educator, PPL or delegate about the purpose, indications and contraindications, and possible complications of providing care under this medical directive.
- Incidents related to the use of this medical directive will be logged using the on-line Safety Reporting System (SRS) and communicated to the Operational Manager, Medical Director, Chair of Medical Directives Committee and physician involved with care of the patient (if applicable).

10. References and Resources

* Ottawa Public Health COVID-19 Health care information:

<https://www.ottawapublichealth.ca/en/professionals-and-partners/hcp-ncov.aspx>

- CHEO:
 - CHEO "Do Not Use" List: Abbreviations, Acronyms, and Symbols
 - CHEO Pediatric Doses of Commonly Prescribed Medications
 - Incident Reporting Policy
 - Lexi, Micromedex and CPS on line

- Medical Directives Policy
- Patient Identification Using Two Patient Identifiers Policy
- Fever information sheet
- Influenza information sheet

- College of Nurses of Ontario (CNO):
 - Practice Guidelines: Authorizing Mechanisms (revised 2018); Consent (updated 2017); Directives (updated 2018)
 - Practice Standards: Decisions About Procedures and Authority (updated 2018); Documentation, Revised 2008 (updated 2017) ; Medication Revised 2017; Professional Standards, Revised 2002 (updated 2015)
 - The Regulated Health Professions Act (RHPA): Scope of Practice, Controlled Acts Model (2018)
- College of Physicians and Surgeons of Ontario:
 - [Delegation of Controlled Acts](#) 2012
 - Prescribing Drugs September 2017

Approvals

Administrative Approvals: Leaders from all relevant stakeholder groups responsible for authorizing, implementing, co-implementing, or administering the medical directive must be listed.

- Mary MacNeil, Director, Nursing Practice, Education and Clinical Technology
- Regis Vaillancourt, Director, Pharmacy
- Jamie Gutzman, Professional Practice Leader, Respiratory Therapy
- Tammy DeGiovanni, Interim Director, Emergency and Inpatient Medicine
- Shanika Abraham, Director, Hematology/Oncology
- Gabrielle Mettler, Interim Director, Ambulatory Care/Director, Professional Practice
- Anna Pevreal, Director, Critical Care and Surgical Services
- Dave Murphy, Director, Mental Health
- Ann Lynch, VP Acute Care and Chief Nursing Executive
- Dr. Lindy Samson, Chief of Staff

Physician Approval:

- Dr. Ken Farion

