Call telemetry tech x5622
  - Review of last 24h (sats, arrhythmias)

Verify orders
  - Continuous pulse ox
  - Telemetry
  - Isolation
  - Labs: CBC, BMP, LFTs, LDH, ferritin, lipids, troponin, CPK, Ddimer, CRP, IL-6

Minimize staff contacts
  - Phlebotomy (daily labs)
  - CNA (vitals, accuchecks)
  - RN (scheduled/prn meds, ISS)

Meds
  - Statins (resume home med, assess appropriateness for initiation)
  - Therapeutic anticoagulation vs DVT chemoprophylaxis (Anticoagulation Protocol)
  - Conservative IVFs

Pronation (Proning Protocol, Proning Flowsheet)
  - Nursing Commun Order “Implement proning protocol; notify physician with results”
  - Patient instruction handout
  - TT patient name and MRN to “Awake Proning Protocol”
  - Document change of sats in Progress Note

Time to escalate?
  - Considering hydroxychloroquine, azithro, experimental therapies? -> ID
  - Oxygenation need exceeds 100% FiO2 on high-flow? -> ICU
  - High-risk/poor prognosis/unclear goals of care? -> Palliative Medicine (<70yo) or Geri (>70yo)

Time to de-escalate?
  - D/c continuous pulse ox (Pulse Ox Flowsheet)
  - Comfort care (Vent Weaning Protocol, Non-Vented Weaning Protocol, AACA)

Time to discharge? (clear hospitalization need)

Dispo plan
  - SW re need for repeat test (NH, group home, HD, HHA)
  - Home quarantine barriers
  - Follow-up (Discharge Instructions)

Documentation of Advanced care planning (.ACP_Initial)
  - Code status
    - Unilateral DNR under alternate care only surge census (Prather’s dot-phrase)
  - Summary of advance directive or MOST form
  - Surrogate decision-maker (full name, relationship, phone number)