

(place patient label here)

Patient Name: _____



COPD/COPD Exacerbation

Nursing Orders

- Incentive Spirometry every 2 hours while awake
- Cough and Deep Breathing every 4 hours while awake
- Pulse Oximetry Continuous

Respiratory/Nursing

- Oxygen Delivery RN/RT to determine
Titrate to Keep O2 Sat > or Range of (%): 90%
Additional Instructions:
 - Oxygen Delivery via Nasal Cannula
Flow Rate (lpm): _____
Titrate to Keep O2 Sat > or Range of (%): 90%
Additional Instructions:
 - BIPAP May use home equipment and settings [Yes No] _____ [Frequency] _____ [Duration] _____ [IPAP] _____ [EPAP]
Additional Instructions:
 - CPAP (May use home equipment and settings) [Yes No] _____ [Frequency] _____ [Duration]
CPAP Settings (cmH2O): _____ titrate to keep oxygen saturation greater than or range of _____ (%)
 - Pulmonary function tests
Reason for Exam: _____
- Specify PFT Test: [Base Line Spirometry Pre and Post Spirometry Complete PFT]
- OK for patient to be off O2 prior to testing: [Yes No]
- Additional Instructions: prior to discharge
 - Pre and Post Bedside Spirometry
 - Chest Physiotherapy -- Type : [Chest Percussion/Vibration Chest Vest Physio Valve Instruction Quad Cough Training] --
Frequency : QID

Initials: _____

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COPD/COPD Exacerbation

Medications

Antibacterial Agents:

- Order antibacterials for patients WITH purulent sputum ONLY. If not present, do not order antibacterials.

No Azithromycin Allergy:

- Azithromycin (Zithromax) 500 mg orally 1 time per day for 3 days

Azithromycin Allergy and No Bactrim/Sulfa Allergy:

- Sulfamethoxazole/Trimethoprim (Septra DS 800/160MG) 1 tablet orally 2 times per day

Azithromycin Allergy AND Bactrim/Sulfa Allergy:

- Doxycycline Hyclate 100 mg orally 2 times per day

Bronchodilators: Reminders:

- Avoid the routine use of methylxanthines for patients with acute exacerbation of COPD
- Administer an inhaled short-acting beta-2 agonist in patients with an acute exacerbation of COPD

Bronchodilators: Nebulized:

- Albuterol Sulfate [2.5mg/3ml (0.083%)] 2.5 mg nebulized every 4 hours
- Albuterol Sulfate [2.5mg/3ml (0.083%)] 2.5 mg nebulized every 4 hours while awake
- Albuterol Sulfate [2.5mg/3ml (0.083%)] 2.5 mg nebulized every 2 hours as needed shortness of breath or wheezing
- Ipratropium/Albuterol Sulfate [Duoneb 0.5MG-2.5MG/3 ML Soln] 3 mL nebulized every 4 hours
- Ipratropium Bromide (Atrovent) [2.5mg/3ml (0.083%)] 0.5 mg nebulized every 4 hours
- Ipratropium Bromide (Atrovent) [2.5mg/3ml (0.083%)] 0.5 mg nebulized every 4 hours while awake

Bronchodilators: Inhalers:

- Albuterol Sulfate (Ventolin Hfa 18GM Inhaler) 2 inhalations via metered-dose HFA inhaler every 4 hours
- Albuterol Sulfate (Ventolin Hfa 18GM Inhaler) 2 inhalations via metered-dose HFA inhaler every 4 hours while awake
- Albuterol Sulfate (Ventolin Hfa 18GM Inhaler) 2 inhalations via metered-dose HFA inhaler every 2 hours as needed shortness of breath or wheezing
- Ipratropium/Albuterol Sulfate [Duoneb 05MG-2.5MG/3 ML Soln] 3 mL nebulized every 4 hours while awake
- Salmeterol Xinafoate (Serevent 50MCG Diskus) 1 inhalation via dry powder inhaler 2 times per day
- Ipratropium Bromide (Atrovent HFA) 1 Inhalation via metered-dose inhaler every 4 hours
- Ipratropium Bromide (Atrovent HFA) 2 inhalations via metered-dose inhaler every 4 hours while awake
- Tiotropium Bromide 2 Inhalations (Handheld inhaler) via metered-dose inhaler 1 time per day -- Label Comments : 2 INHALATIONS REQUIRED TO INHALE 1 CAPSULE

Corticosteroids:Inhaled:

- Mometasone HFA (ASMANEX) 100mcg 1 inhalation via dry powder inhaler BID
- Mometasone HFA (ASMANEX) 100mcg 2 inhalations via dry powder inhaler BID
- Mometasone HFA (ASMANEX) 200mcg 2 inhalations via dry powder inhaler BID

Corticosteroid/Long-Acting Beta-2 Agonist Combinations:

- Mometasone/Formoterol HFA (DULERA) 100/5mcg 2 inhalations via metered-dose inhaler BID

Corticosteroids: Systemic:

- Prednisone (PredniSONE) 40 mg orally 1 time per day
- Prednisone (PredniSONE) 60 mg orally 1 time per day
- Methylprednisolone Sod Succ (Solu-Medrol) 60 mg intravenously every 8 hours for 72 hours
- Methylprednisolone Sod Succ (Solu-Medrol) 80 mg intravenously every 8 hours for 72 hours
- Methylprednisolone Sod Succ (Solu-Medrol) 125 mg intravenously every 12 hours for 72 hours

Vaccines:

- Pneumooc 13-Vac Conj-Dip Crm/Pf (Prevnar) 0.5 mL intramuscularly once
- Pneumococcal 23-Val P-Sac Vac 0.5 mL intramuscularly once

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Laboratory

- CBC/AUTO DIFF [Morning Draw Routine Stat]
- COMPREHENSIVE METABOLIC PANEL [Morning Draw Routine Stat]
- BASIC METABOLIC PANEL [Morning Draw Routine Stat]
- PT (PROTIME AND INR) [Morning Draw Routine Stat]
- PTT [Morning Draw Routine Stat]
- D DIMER [Morning Draw Routine Stat]
- NT pro-BNP [Morning Draw Routine Stat]
- C REACTIVE PROTEIN [Morning Draw Routine Stat]
- PROCALCITONIN [Morning Draw Routine Stat]
- Blood Gas Study (RT) [Morning Draw Routine Stat] -- Obtain Specimen From : [Arterial Venous]
- MRSA BY PCR [Morning Draw Routine Stat]
- RESPIRATORY VIRAL PANEL BY PCR [Morning Draw Routine Stat]
- BLOOD CULTURE 2 sets, (blood) [Morning Draw Routine Stat]
- CULTURE, SPUTUM AND GRAM ST (RB) [Routine Stat]
- URINE ANTIGEN, LEGIONELLA [Routine Stat]
- URINE ANTIGEN, STREP PNEUMONIA [Routine Stat]

Radiology and Diagnostic Tests

- XR Chest PA and Lateral [In AM (Rad Only) Routine Stat] Reason for Exam: History of Pulmonary Disease
- Portable XR Chest Single AP View Only [In AM (Rad Only) Routine Stat] Reason for Exam: History of Pulmonary Disease
- CT Chest without IV Contrast [Routine Stat] for Reason for Exam: _____
- CT PE Chest [Routine Stat] for Reason for Exam: _____
- ECG today for (Reason for Exam): _____
- ECHO, Transthoracic Complete Routine for (Reason for Exam): _____

Consult Provider

- *Provider to provider notification preferred*

- Consult Other Provider
- Consulting Provider: _____
- Reason for Consult: _____
- Does nursing need to contact consulted provider? [Yes No]
- Consult Dietitian for _____
- Consult Palliative Care for _____

Provider's Signature _____ Date: _____ Time: _____

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