Health PEI

Patient Label

Patient Name: ______________________

PHN: ______________________

Chronic Obstructive Pulmonary Disease (COPD) Admission Order Set

K | M | R

Admit to Dr: ____________________ ☐ Notified   Consult: Dr: ______________________________

Family Dr: ____

Precautions: ☐ Contact ☐ Droplet ☐ Enhanced Droplet ☐ Airborne - Reason: ____________________

Code Status: ☐ Full Resuscitation or ____

Consults: ______________________________ Reason: ______________________________

☐ Dietician ☐ Discharge Coordinator ☐ Home Care ☐ SW ☐ Addiction Services

☐ OT ☐ Pharmacist ☐ PT ☐ RT

☐ Pulmonary Rehab Program

Other: ____

☐ **Refer to Clinical Pathway for COPD (as per facility availability)**

Diet: ☐ DAT ☐ Diabetic Diet ☐ Heart Healthy ☐ Renal Diet

Other: ____

Activity: ☐ Activity as Tolerated

Other: ____

Vitals/Monitoring

Vitals:

☒ Height and Weight on admission

☐ Daily Weight

☐ T, HR, RR, BP, SpO_2 q4h x 24 hours, QID x 24 hours, and then BID when stable

Other: ____

Monitoring:

☒ Chart fluid intake and output q shift

☐ Capillary Blood Glucose QID x 2 days ☐ Capillary Blood Glucose daily q a.m.

☒ Reassess blood glucose monitoring after 72 hours

Capillary Blood Glucose monitoring for diabetic patients: ☐ QID and PRN ☐ BID and PRN

Other: ______________________________

Tubes/ Respiratory

Urinary Catheter:

☐ Foley Catheter

Respiratory:

☐ O_2 to keep SpO_2 88% – 94% (target lower levels if patient known hypercapnic)

☐ ABG: ☐ On room air ☐ On O_2 ________L/min ☐ Prior to home discharge ☐q __________ PRN

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Lab Investigations

On Admission (if not already done in ER)

- ☒ CBC
- ☒ Electrolytes, Creatinine, Urea
- ☒ Glucose random
- ☐ Sputum C+S
- ☐ AFB sputum
- ☐ APTT
- ☐ AST
- ☐ ALT
- ☐ Urinalysis
- ☐ PT/INR
- ☐ Alk Phos
- ☐ Phosphate
- ☐ CK
- ☐ Bilirubin Total
- ☐ Calcium
- ☐ Urine C+S
- ☐ BNP
- ☐ Troponin
- ☐ Magnesium

Additional Labs: ______________________

Investigations Day 1 (first morning post admission)

- ☐ CBC
- ☐ Electrolytes, Creatinine, Urea
- ☐ ALT
- ☐ Troponin
- ☐ APTT
- ☐ Calcium
- ☐ AST
- ☐ ALK Phos
- ☐ Magnesium
- ☐ Bilirubin Total
- ☐ PT/INR
- ☐ CK

Additional a.m. Labs: ______________________

Additional Investigations

- ☐ Blood Culture Aerobic/Anaerobic x 2 if temp greater than or equal to 38.5°C
- ☐ CBC in AM on day two of admission
- ☒ CBC day 1, 3, 7 if patient is on Low Molecular Weight Heparin **or** Unfractionated Heparin therapy
- ☐ Electrolytes, Creatinine, Glucose fasting in a.m. on day two of admission

Additional follow up labs: ______________________

Diagnostics

(If not done in ER)

- ☐ XR Chest 2 Views - Reason: ______________________
- ☐ XR Chest 2 Views (on day ______) – Reason ______________________
- ☐ ECG with chest pain and notify MD
- ☐ ECG on admission
- ☐ CT Scan ________________ Reason: ______________________

***All Spirometry completed post bronchodilator therapy**

- ☐ Spirometry on admission
- ☐ Spirometry Day______
- ☐ Spirometry on discharge

Other: ______________________

IV Fluids

IV Fluid: Solution: ____________at ____________ mL/h

- ☐ With 20 mEq KCl per L of IV fluid
- ☐ With 40 mEq KCl per L of IV fluid

☐ Saline Lock with routine flush

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Medications

☐ Home medications as per Best Possible Medication History/Medication Reconciliation sheet when signed by physician

Acid Suppression

☐ Aluminum Hydroxide/Magnesium Hydroxide oral suspension (Regular strength) 30mL PO q4h PRN

Antibiotic Therapy

Antibiotics are indicated when exacerbations of COPD are accompanied by at least two of the following signs: **increased dyspnea, increased sputum or increased sputum purulence**

If the patient has been on antibiotic therapy **in the last 3 months** (regardless of clinical success), the therapy chosen should be a regimen based on a different mechanism of action

IV Therapy

☐ Azithromycin 500 mg IV Daily x______ days

☐ Ceftriaxone 1 g IV q24h x ______days

☐ Moxifloxacin 400 mg IV Daily x _____days

Other: ____________________

PO Therapy

☐ Azithromycin 500mg PO Day 1

THEN Azithromycin 250 mg PO Daily x ______ days

☐ Moxifloxacin 400 mg PO Daily from Day _______

☐ Amoxicillin/clavulanate 875/125 mg PO q 12 h

Other: ____________________

Corticosteriod Therapy

Systemic Steroid Therapy (length of therapy up to 14 days)

☐ methyl**PREDNIS**olone ______ mg IV q______ x doses

THEN predni**SONE** _____ mg PO Daily x _____ days, discontinue with no taper

☐ predni**SONE** _____ mg PO Daily x _____ days, discontinue with no taper

Inhaled Medications

If Metered Dose Inhaler (MDI) ordered, then use with spacer

Check all patients for proper delivery device technique

Short Acting Bronchodilators/Short-acting Beta-agonist (SABA)

☐ sal**BUTAM**ol 100 micrograms/puff _________puff(s) via MDI q ________ and ☐ q_______ PRN

☐ Ipratropium 20 micrograms/puff _____________ puff(s) via MDI q __________ and ☐ q______ PRN

Other: ____________________

Signature: ____________________ Name: (Print) ____________________ Date: ______________ Time: ____________

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Inhaled Medications Continued…

Long acting Bronchdilators/Long-acting Beta-agonist (LABA)
☐ sal**METER**ol 50 micrograms/puff diskus 1 puff q12h
☐ Formoterol 6 micrograms/puff 2 puffs q ______

Combination (Long-acting Beta-agonist and Inhaled corticosteroid):
☐ Advair MDI 125/25______________puffs BID
Symbicort 200/6 (turbuhaler) _______puff (s) ☐ BID ☐ DIQ
Other: ____

Anticholinergic Bronchodilators
☐ Tiotropium 18 micrograms inhaled once Daily

Glycemic Management

☐ Hypoglycemia Clinical Protocol as per facility

Immunization

☐ Influenza Vaccine 0.5 mL IM (if not given in the current influenza season)
☐ Pneumococcal Vaccine 0.5 mL IM/Subcutaneous (check immunization status)

Pain and Nausea Management

Pain
☐ Acetaminophen 325 – 1000 mg PO/NG/PR q4h PRN **(max 4000 mg in 24 hours)**
☐ Ibuprofen 200 – 400 mg PO q4h PRN **(max 2400 mg in 24 hours)**

Nausea
dimenhy**DRINATE** 12.5 – 25 mg PO/NG/IV q4h PRN **(start with lower dose if elderly/frail)**
dimenhy**DRINATE** 25 – 50 mg PO/NG/IV q4h PRN

Sedation

☐ **LOR**azepam 1 mg PO/ Sublingual Daily q4h PRN
☐ **LOR**azepam 0.5 mg PO/ Sublingual Daily at bedtime PRN
☐ Zopiclone 7.5 mg PO Daily at bedtime PRN

Smoking Cessation

☐ bu**PROP**ion SR 150 mg PO Daily x 3 days, then 150 PO BID
☐ Initial Varenicline therapy: 0.5 mg PO Daily on days 1-3, **then** 0.5 mg PO BID on days 4-7, **then** 1 mg PO BID
☐ If patient previously on Varenicline therapy:______ mg PO_________
☐ Nicotine transdermal patch _____mg Daily
☐ Nicotine gum 2 mg q1h PRN **(max 24 pieces per day)**

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VTE Prophylaxis

Pharmacological Prophylaxis

☐ Enoxaparin 40 mg Subcutaneous once Daily
☐ Enoxaparin 30 mg Subcutaneous BID
☐ Enoxaparin 30 mg Subcutaneous once Daily (If Creatinine Clearance less than 30 mL/minute)

OR

Dalteparin 5,000 units Subcutaneous Daily
Dalteparin 2,500 units Subcutaneous Daily (If Creatinine Clearance less than 30 mL/minute)

OR

☐ Heparin 5,000 units Subcutaneous BID
Other: ____

Mechanical Prophylaxis

☐ Antiembolic Stockings
☐ IPC: Bilateral Intermittent Pneumatic Compression (Sequential Compression Device) with stockinettes

- If only Mechanical Prophylaxis ordered reassess daily for change to Pharmacological Prophylaxis

☐ No VTE Prophylaxis Reason: ☐ Patient on therapeutic anticoagulation
☐ Patient is ambulatory to preadmission level
Other: ____________________________

- Reassess VTE Prophylaxis daily if not ordered
- **If Enoxaparin / Dalteparin / Heparin ordered, then ☒ CBC, APTT, INR, Creatinine prior to initiating therapy if not already ordered**

Discharge Education

Provide Patient with resource contacts for COPD information
Provide Patient with resource contacts for smoking cessation information/program

Additional Orders:

____
____
____
____
____
____
____
____

Signature: ________________ Name: (Print) ____________________ Date: ____________ Time: ____________

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