

ACUTE EXACERBATION COPD/ASTHMA

Time Ordered	Time Given	Date: _____	Emergency Department Orders
			1. • I.V. access: <input type="checkbox"/> Heparin Lock <input type="checkbox"/> I.V. Fluids:
			2. • Vital signs upon arrival
			3. • Oxygen saturation upon arrival
			4. • Peak flow upon arrival
			5. • Peak flow after initial treatment
			6. • ABG
			7. • BMP, CBC
			8. <input type="checkbox"/> Theophylline level
			9. <input type="checkbox"/> Chest x-ray
			10. <input type="checkbox"/> Sputum C/S and gram stain
			11. • Albuterol 0.5 mL in 3 mL normal saline with Ipratropium solution stat every 4 hours x 24 hours. Repeat x2 as needed.
			12. • Methylprednisolone 40 mg. I.V. stat
			13. • O ₂ @ 2L/min per nasal cannula
			14. • Adjust FiO ₂ to keep Sat greater than 94%
			15. • Antibiotics: (select one) <input type="checkbox"/> None <input type="checkbox"/> Trimethoprim-sulfamethoxazole 160/800 mg. p.o. stat (Bactrim DS) <input type="checkbox"/> Amoxicillin 250 mg. p.o. stat <input type="checkbox"/> Doxycycline 100 mg. p.o. stat
			16. Admit <input type="checkbox"/> Regular Nursing Floor <input type="checkbox"/> Telemetry <input type="checkbox"/> ICU
			17. Discharge (When Peak Flow is greater than or equal to 70% of predicted or personal best and symptoms are minimal) <input type="checkbox"/> F/U Clinic within 2 weeks Dr. _____ <input type="checkbox"/> F/U Clinic within 2 weeks Dr. _____
			• Prednisone 40 mg. p.o. daily x 3 days; 30 mg p.o. daily x 3 days; 20 mg. p.o. daily x 3 days; 10 mg. p.o. daily x 3 days, then stop <input type="checkbox"/> Albuterol MDI 2 puffs every 4 hours prn
			• Finish 1 week of antibiotic <input type="checkbox"/> Trimethoprim sulfa - 160/800 mg p.o. b.i.d. (Bactrim DS) <input type="checkbox"/> Amoxicillin 250 mg p.o. t.i.d. <input type="checkbox"/> Doxycycline 100 mg. p.o. b.i.d. on day one, then one daily.

Other: _____

Physician Signature _____ Date _____ Time _____

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	Write Microgram	1.0	Write 1. Do not use zero after decimal point
qd, q.d.	Write Daily	Zero after decimal point	
qod	Write Every Other Day or Every 48 hrs	MS	Write Morphine
U or u	Write Units	MgSO ₄ , MSO ₄	Write Magnesium sulfate or Morphine sulfate
.5	Write 0.5 - make sure you use preceding 0	IU	Write International units
No zero before decimal point		OS, OD, OU	Write Left or right eye or both eyes
		AS, AD, AU	Write Left or right ear or both ears



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MR.ORDER

SVPOD-143 (Rev. 12/08)

PATIENT LABEL

Indications for Home Oxygen Therapy

1. Patients with documented hypoxemia on room air, PaO₂ less than or equal to 55 mm Hg or SaO₂ less than or equal to 88%.
2. Patients with a PaO₂ 56-59 mm Hg or SaO₂ greater than or equal to 89%, in association with one of the following:
 - Congestive Heart Failure
 - “P” pulmonale on EKG, or cor pulmonale
 - Polycythemia with HCT greater than 55%
3. Some patients may not qualify for oxygen therapy at rest but will qualify for oxygen during ambulation, sleep, or exercise. Oxygen therapy is indicated during these specific activities when SaO₂ is demonstrated to fall less than or equal to 88%.

Long-term oxygen therapy can reverse secondary polycythemia, increase body weight, alleviate right heart failure due to cor pulmonale, augment cardiac function, increase exercise performance, and increase survival for patients with resting hypoxemia.

Table 1 **Staging of COPD**

Component	Stage I	Stage II	Stage III
Forced expiratory volume in one second (FEV₁)	Greater than or equal to 50% predicted	35% to 49% predicted	Less than 35% predicted
Proportion of Population Affected	Majority	Minimal	Minimal
Health-Related Quality of Life	Minimal impact	Significant impact	Profound impact
Associated Symptoms	Often Asymptomatic	Symptomatic, but functional	Symptomatic, functionally disabling
Physician Responsibility	Generalist provides care, referral to respiratory specialist with the presence of severe dyspnea	Generalist provides care, evaluation by respiratory specialist with possible continuing care by specialist	Care usually directed by a respiratory specialist
Treatment	<ul style="list-style-type: none"> • Avoid risk factors • Influenza vaccination • Pneumococcal vaccination 	<ul style="list-style-type: none"> • Avoid risk factors • Influenza vaccination • Pneumococcal vaccination 	<ul style="list-style-type: none"> • Avoid risk factors • Influenza vaccination • Pneumococcal vaccination
Pharmacologic Treatment	<ul style="list-style-type: none"> • Short acting bronchodilator when needed 	<ul style="list-style-type: none"> • Regular treatment with one or more bronchodilators • Inhaled glucocorticosteroids if significant symptoms and lung response 	<ul style="list-style-type: none"> • Regular treatment with one or more bronchodilators • Inhaled glucocorticosteroids if significant symptoms and lung response

ACUTE EXACERBATION COPD/ASTHMA ORDERS AFTER 24 HOURS OF HOSPITALIZATION

Assessment

Vital signs every shift

1. Peak Flow daily before and after an aerosol therapy
2. Pulse oximetry prn if worsening dyspnea

Treatment

1. Discontinue aerosol therapy
 2. Albuterol M.D.I. 2 puffs every 4 hours
 3. Ipratropium M.D.I. 2 puffs every 4 hours
 4. Prednisone 40 mg. p.o. daily
 5. Fluticasone Propionate 110 micrograms 4 puffs two times a day
 6. Taper off O₂ Keep O₂ Sat 92-94%
 7. Discontinue I.V. fluids
 8. Continue Heparin lock
 9. Discontinue I & O
 10. Discontinue Methylprednisolone
 11. Other _____
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Education

1. Respiratory Therapy to instruct on Multi Dose Inhaler Spacer use.

ORDERS AFTER 48 HOURS OF HOSPITALIZATION

OR AFTER _____ HOURS ON _____
(date)

Assessment

1. Vital signs every shift
2. Peak flow daily before and after an aerosol treatment

Treatment

1. Albuterol M.D.I. 2 puffs every 4 hours
2. Ipratropium 2 puffs every 4 hours prn
3. Prednisone 40 mg. p.o. daily
4. Fluticasone Propionate 110 micrograms 4 puffs twice a day or equivalent
5. Respiratory Therapy to arrange home O₂ if O₂ Sat less than or equal to 88% or PO₂ less than or equal to 55
6. Pneumovax injection (unless given within last 5 years)
7. Follow-up in office of Dr. _____ in _____ weeks
8. Follow-up in clinic of Dr. _____ in _____ weeks

Education

1. Respiratory Therapy to instruct patient on use of Spacer for MDI.
2. Respiratory Therapy to instruct patient on use of peak flow values in asthma management.
3. Review action plan with patient if symptoms recur.
4. Smoking cessation.

Physician Signature _____ Date _____ Time _____

Pulmonary Risk Assessment Criteria

- Obesity (BMI greater than 25 kg/m²)
- Cigarette smoking within eight weeks of surgery
- Productive cough within five days of surgery
- Diffuse wheezing or rhonchi within five days of surgery
- FEV1-FVC less than 70 percent, or PaCO₂ greater than 45 mmHg

