



Physicians Order Chronic Obstructive Pulmonary Disease (COPD)

Drug Allergies: Review patient allergies in power chart or in the electronic medical record (EMR) prior to prescribing /		<input type="checkbox"/> Faxed to Pharmacy Date: _____ Init.: _____	Height _____ cm	Weight _____ kg
Adt / Communications	Admit (<i>inpatient or observation</i>): _____ <input type="checkbox"/> Critical Care <input type="checkbox"/> Telemetry <input type="checkbox"/> Regular Medical Floor <ul style="list-style-type: none"> If DNRCC or DNRCC Arrest pull physician order <input type="checkbox"/> Attending <input type="checkbox"/> House Physician			
Vitals	<ul style="list-style-type: none"> Vital Signs Q 4 hours 			
Activity	<ul style="list-style-type: none"> Activity as tolerated 			
Patient Care	<ul style="list-style-type: none"> I & O Weight upon admission then daily 			
Nutrition	<ul style="list-style-type: none"> House <input type="checkbox"/> Other _____ 			
IV Infusions	<input type="checkbox"/> IV fluids _____ at _____ mL per hour			
Medications	<ul style="list-style-type: none"> Initiate VTE Prophylaxis Physician order <input type="checkbox"/> RAMO <input type="checkbox"/> Saline lock (Refer to Standard IV Catheter Flush Order 217663X) <input type="checkbox"/> Theophylline 400 mg in 500 mL in D5W at _____ mL per hour <input type="checkbox"/> Methylprednisolone (Solumedrol) _____ mg IV Q _____ hours Continue Pneumonia antibiotics per pneumonia standing orders initiated in ED 			
Labs (Do not repeat any tests that have already been done in the ED.)	Obtain the following tests <u>NOW</u>. <ul style="list-style-type: none"> Comp Meta CBCWD Sputum: Gram stain and C & S (C- Resp) ABG Theophylline level on admit if patient on Theophylline <input type="checkbox"/> Other: _____ 			
Radiology Do not repeat if done in the ED	<ul style="list-style-type: none"> CXR – PA & Lateral (<i>clinical indication / symptom</i>) _____ 			
Other Diagnostic Do not repeat if done in the ED	<ul style="list-style-type: none"> EKG (<i>clinical indication / symptom</i>) _____ 			
Respiratory	<ul style="list-style-type: none"> Oxygen therapy at 2 L per min nasal cannula Oxygen therapy to maintain SpO2 of 92% per Respiratory Protocol Ventilator / NIV (Non-Invasive Ventilation) refer to Mechanical Ventilation Orders (216727X) Aerosol Treatment Therapy <input type="checkbox"/> Respiratory Care Treatment protocol OR <input type="checkbox"/> Aerosol Treatment with albuterol 2.5 mg in 1 mL Normal Saline TID and Q4 hours PRN for wheezing and dyspnea <input type="checkbox"/> Other treatment _____ _____ _____			

Physician Signature: _____ ID#: _____ Date: _____ Time: _____





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Consults

- For all ventilated patients, consult nutrition, and social service
 - Pulmonary Rehab for patients with moderate, severe or very severe COPD
 - Physical Therapy / Occupation Therapy if meets admission screening criteria
 - Social Service if criteria met
- Dr. _____ Reason _____

Other Medications / Treatments

	Interqual Criteria			
Discharge to Home <ul style="list-style-type: none"> • Back to baseline pulse ox % • Back to baseline respiratory effort • Hemodyn. stable • Lab values normal • Negative or unchanged CXR • Support system in place • DME ordered as needed 		Observation (Any of)	Med/Surg Admit (Any of)	ICU Criteria
	RR	<ul style="list-style-type: none"> • Under 24.min w/use of acc. muscles 	<ul style="list-style-type: none"> • Over 35.min + Dyspnea 	<ul style="list-style-type: none"> • Same as Med/Surg AND Patient Requires Mechanical Ventilation
	PaO2	<ul style="list-style-type: none"> • Under 60 mmHg + Dyspnea 	<ul style="list-style-type: none"> • Under 56 mmHg + Dyspnea 	
	O2 Sat (Rm Air)	<ul style="list-style-type: none"> • Under 91% + Dyspnea 	<ul style="list-style-type: none"> • Under 89%+ Dyspnea 	
	PaCO₂		Over 54 mmHg	
	pH		Less than 7.25	
	Other	<ul style="list-style-type: none"> • PEF 50-70% after more than 3 doses of aerosol bronchodilators 	<ul style="list-style-type: none"> • Comorbid conditions • Symptoms persist after initial therapy 	