

Regional Order Set

**COPD Exacerbation  
48 Hours after Admission Orders**

Page 1 of 1 PATIENT LABEL

<b>Allergies:</b> <input type="checkbox"/> None known <input type="checkbox"/> Unable to obtain List with reactions: _____	<b>Weight:</b> _____ <b>kg</b>
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- If patient on nebulizer, RN to assess patient for suitability to step down to metered dose inhaler (MDI) with spacer and provide MDI instruction. (Alert MRP if patient is not suitable for the following orders. Call respiratory therapist if available for assessment of patient.)

Consult pharmacist for inhaler teaching

- Discontinue regularly scheduled and PRN **salbutamol** and **ipratropium** and give:

- **salbutamol** 100 mcg MDI via spacer 2 puffs q1h PRN shortness of breath (patient to have at bedside)

**Start one of:**

**tiotropium** (Spiriva) 18 mcg 1 inhalation once daily. Discontinue **ipratropium**.

MDI via spacer: **ipratropium** (Atrovent) 20 mcg 3 puffs qid

**and**

**Start one of:**

MDI via spacer: **salmeterol** 25 mcg/**fluticasone** 250 mcg (Advair) 2 puffs bid

Turbuhaler: **budesonide** 200 mcg/**formoterol** 6 mcg (Symbicort) 2 inhalations bid

**Consider:**

- If patient was started on IV antibiotic therapy, assess for suitability to switch from IV to PO antibiotics to complete a 7 day course.
- Discharge medications that may require an application for special authority
- Provide patient with COPD discharge planning package

**Physician signature:** \_\_\_\_\_ **College ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

