

Regional Order Set

COPD Exacerbation Admission Orders

Allergies: <input type="checkbox"/> None known <input type="checkbox"/> Unable to obtain List with reactions: _____	Weight: _____ kg
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Admission information	
Admit under the care of: _____	Consult: _____
Admitting diagnosis: _____	Code status: _____

- **10-000-5114 Discharge Screen** • **10-123-5014 COPD Exacerbation Discharge Checklist**

Vitals: • SpO₂ qid and PRN • Titrate O₂ to maintain SpO₂ between 88% to 92% • Vital signs q4h

Nutrition: DAT or Other: _____

Activity: AAT or Other: _____

Referrals (if available):

<input type="checkbox"/> Aboriginal liaison: _____	<input type="checkbox"/> Physiotherapy: _____
<input type="checkbox"/> Dietitian: _____	<input type="checkbox"/> Respiratory therapy: _____
<input type="checkbox"/> Occupational therapy: _____	<input type="checkbox"/> Social work: _____
<input type="checkbox"/> Pharmacist: _____	

Investigations:

<input type="checkbox"/> Blood cultures x 2 if temperature above 38°C	<input type="checkbox"/> CBC, E7 daily
<input type="checkbox"/> CXR (if not done within 24 hours)	<input type="checkbox"/> ECG (if not done within 24 hours)
<input type="checkbox"/> ABG x 1	<input type="checkbox"/> Other: _____

IV fluids: Saline lock or IV solution and rate: _____

Medications

1. Bronchodilators
 - **salbutamol** 100 mcg metered dose inhaler (MDI):
 - 2 to 4 puffs via spacer q4h while awake and 2 puffs via spacer q1h PRN for shortness of breath (patient to have at bedside). Maximum 16 PRN puffs/24h. Notify MRP if greater than 16 PRN doses required.
 - **salbutamol** nebulers:
 - 5 mg via nebulizer q4h while awake and q1h PRN for shortness of breath. Maximum 4 PRN doses/24h. Notify MRP if greater than 4 PRN doses required.
 - **ipratropium:** 2 to 4 puffs using 20 mcg MDI via spacer q4h while awake (patient to have at bedside)
 - 0.5 mg via nebulizer q4h while awake
2. Corticosteroids: **predniSONE** 50 mg PO daily x 5 days
 or
 Other: _____
3. **10-111-5162** Adult Venous Thromboembolism Risk Assessment and Prophylaxis in Acute Care Patients
4. Vaccinations

Pneumococcal polysaccharide vaccine: Up to date (refer to immunizebc.ca/diseases-vaccinations)

Unknown: Contact public health to obtain vaccine records if possible.

0.5 mL IM/subcutaneous x 1 dose on day 5 (date): _____

Influenza vaccine (October to April): Up to date

0.5 mL IM x 1 dose on day 5 (date): _____
5. **10-111-5117** Nicotine Withdrawal Protocol if indicated

Physician's signature: _____ **Date:** _____ **Time:** _____



Antibiotic treatment recommendations for COPD patients without community acquired pneumonia (CAP)

Antibiotic doses may require adjustment in renal dysfunction. Please consult a clinical pharmacist.

Use antimicrobials if 2 or more of the following are present:

- Increased dyspnea Increased sputum volume Increased sputum purulence

Simple COPD (choose one): Repeat prescriptions of the same antibiotic should be avoided within a three month interval.

- amoxicillin** 1 g PO tid x 7 days
 doxycycline 100 mg PO bid x 7 days
 sulfamethoxazole-trimethoprim 1 double strength TAB PO bid x 7 days
 Other: _____

Complicated COPD with risk factors (choose one)**

- cefuroxime** 1.5 g IV x 1 dose, then 750 mg IV q8h (Assess for oral step down in 48 to 72 hours.)
 amoxicillin 875 mg/clavulanate 125 mg PO bid x 7 days
 moxifloxacin 400 mg PO / IV (if unable to take PO) daily x 7 days
 Other: _____

If history or known infection with pseudomonas aeruginosa (choose one)

- A. **ciprofloxacin:** 750 mg PO bid or 400 mg IV q8h (if unable to take PO) x 7 days
plus
 amoxicillin 875 mg/clavulanate 125 mg PO bid x 7 days
or
 cefuroxime 750 mg IV q8h x 7 days
or
 cefuroxime 500 mg PO bid x 7 days
or
B. **cefTAZidime** 2 g IV q8h x 7 days
plus
amoxicillin 875 mg/clavulanate 125 mg PO bid x 7 days
or
C. **levofloxacin** 750 mg IV x 1 then 750 mg PO daily x 7 days

Group	Symptoms and risk factors**	Probable pathogens
Simple (without risk factors)	Increased sputum purulence and dyspnea	Haemophilus influenzae, haemophilus species, moxarella catarrhalis, streptococcus pneumoniae, chlamydia pneumoniae Viruses
Complicated (with risk factors)	As in simple plus at least one of: <ul style="list-style-type: none"> • FEV1 less than 50% predicted • Use of home oxygen • 4 or more exacerbations/year • Chronic oral steroid use • Ischemic heart disease 	As in simple plus increased probability of beta-lactam resistance klebsiella species and other gram negatives (e.coli, proteus, enterobacter)
Complicated (with risk factors) and pseudomonas suspected	As in complicated plus isolation of pseudomonas during previous exacerbation or colonization during a stable period	Pseudomonas species*

*Please refer to previous sensitivities of pseudomonas species (if available) in order to guide the choice of empiric antibiotic