

## STANDING ADMISSION ORDERS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

**Admitting Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Place in Observation Services:**  Med/Surg  Telemetry  Other: \_\_\_\_\_  
**Admit to Inpatient:**  Med/Surg  Telemetry  ICU  
**Diagnosis:**  Exacerbation of COPD  Acute Bronchitis  Respiratory Distress  Other: \_\_\_\_\_  
**Condition:**  Stable  Guarded  Critical  Good  Fair  Poor  
**Consult:**  Pulmonary: \_\_\_\_\_  Cardiology: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Allergies:** \_\_\_\_\_  
**Code Status:**  Full  
 Partial  Shock  Chemical  Other \_\_\_\_\_  
 DNR

**Vital Signs:**  Per unit protocol  Every shift  every \_\_\_\_\_ hours  
 Other: \_\_\_\_\_

**Activity:**  Bed rest  Up in chair  Bedside commode  Ambulate ad lib  Bathroom privileges

**Nursing:**  Daily weight  Intake & Output  Foley to drainage  Head of bed elevated \_\_\_\_\_ degrees  
 Pulse Oximetry  Continuous  Incentive spirometry every \_\_\_\_\_ hrs  
 every shift  peak flow measure BID  
 Twice a day  Sequential Compression Device (SCD)  
 Glucose checks AC and at bedtime or every \_\_\_\_\_ hrs  
 Other: \_\_\_\_\_

**Diet:**  Regular  NPO  1 gm low sodium  2 gm low sodium  
 Clear liquid  Full liquid  Low fat, low cholesterol  
 Diabetic: \_\_\_\_\_ kCal ADA  No caffeine or temperature extremes  
 Other: \_\_\_\_\_

**Fluids:**  Intravenous: \_\_\_\_\_ @ \_\_\_\_\_ ml/hr  
 Saline lock  
 Other: \_\_\_\_\_

**Oxygen:**  Nasal Cannula \_\_\_\_\_ L/min, adjust to keep O2 sat greater than 92%  
 Venti Mask \_\_\_\_\_ % FIO2  100% NRB  
 Other: \_\_\_\_\_

**Labs:**  Cardiac enzymes (CPK, CPK-MB, Troponin)  
 BMP  CMP  TSH  UA  ABG  
 Fasting lipid profile  Theophylline level  
 Blood cultures X 2  Alpha anti-trypsin  
 Contact Respiratory Therapy for sputum collection  
 Sputum gram stain and C&S  Sputum for AFB smear/culture  Sputum fungus prep  
 CBC with differential ( ) Now ( ) In AM ( ) Other \_\_\_\_\_  
 CBC without differential ( ) Now ( ) In AM ( ) Other \_\_\_\_\_  
 Other Labs: \_\_\_\_\_

**Studies: (If LVEF less than 40%, implement CHF Protocol)**  
 CXray:  Portable  PA/Lateral  
 PFT with and without bronchodilator  
 EKG  Echocardiogram  
 Other \_\_\_\_\_

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:
Patient Name:		
Admit Date:		

 <b>St. Luke's Medical Center</b> 1800 E. Van Buren St. - Phoenix - AZ 85006 (602) 251-8100	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								

**Medications: (Check the appropriate box)**

- Methylprednisolone (Solumedrol)  40mg  60mg  80mg IV every  6hrs  8 hrs  12 hrs
- Prednisone \_\_\_\_\_ mg PO every \_\_\_\_\_ hrs \_\_\_\_\_ daily
- Nebulizer (SVN); Albuterol (Ventolin) 0.5ml in 2.5ml normal saline solution every \_\_\_\_\_ hrs
- Nebulizer (SVN); Albuterol (Ventolin) 0.5ml and Ipratropium (Atrovent) 0.5 mg in 2.5 ml normal saline solution every \_\_\_\_\_ hrs
- Fluticasone (Flovent)  44 micrograms  110 micrograms  2  4 puffs BID
- Aminophylline loading dose 6mg/kg IV over 20 minutes, then  0.5  0.6 mg/kg IV continuous infusion
- Theophylline long-acting (Theo-dur)  100  200  300  400 mg PO  BID  TID
- Ceftriaxone (Rocephin) 1mg IV every 24 hours
- Levofloxacin (Levaquin) 750 mg IV every 24 hours
- Heparin 5,000 units subcutaneous every 8 hrs
- Enoxaparin (Lovenox) 40 mg subcutaneous daily
- Lorazepam (Ativan)  0.5mg  1 mg PO PRN every 6 hrs as needed for anxiety
- Famotidine (Pepcid) 20mg  IV  PO every 12 hours
- Nicotine 21 mg topical patch apply daily

**Protocols: all protocol orders must be placed in chart**

- Insulin subcutaneous Sliding Scale Protocols:  Mild Protocol  Moderate Protocol  Aggressive Protocol

**Standard Medication: (all orders below will be implemented unless crossed out)**

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp greater than 101F
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- Prochlorperazine (Compazine) 5 mg IV every 6 hr PRN nausea/vomiting
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn

**Vaccination: Check for prior vaccination status. If none given, administer when patient afebrile and vital signs stable.**

- Pneumococcal Vaccination 0.5ml IM if patient is older than 65 years
- Influenza Vaccination 0.5ml IM patient is older than 50 years (October through March)

**Additional Meds:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:
Patient Name:		
Admit Date:		

 <b>St. Luke's Medical Center</b> 1800 E. Van Buren St. - Phoenix - AZ 85006 (602) 251-8100	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								