



**ACUTE EXACERBATION
COPD/ASTHMA -ADULT
ADMISSION ORDERS, PAGE 1 OF 2**

1. **ADMIT TO UNIT:** _____ Acute _____

DIAGNOSIS: (check applicable) Acute exacerbation of COPD Acute exacerbation of asthma
ATTENDING: _____ **PRIMARY CARE PHYSICIAN** _____

Consult: Dr. _____ Reason _____
 Dr. _____ Reason _____

- Palliative Care consult: goal setting & symptom Management
- H&P to be done by H&P Service.

2. **For COPD exacerbation:** Case manager (or Pulmonary Rehab as designated) to screen for pulmonary rehab (Acute exacerbation COPD)
 Begin evaluation for home oxygen if pulse ox on Day 2 continues at less than 89% on room air. Order home oxygen per oxygen requirement study.
 Home Care Other _____

3. **Laboratory studies:**
 Check to be sure all Emergency Dept. initial orders are complete and results are posted on the chart.
 If any of these orders are not complete, do them now: CBC with differential, BUN/CR, LYLES, GLUCOSE
 Theophylline level
 ABG
 Labs in A.M.: _____

4. **Ancillary orders:**
 Pulse ox on admission to unit then per Oxygen Therapy guideline/protocol.
 Oxygen _____. Titrate to maintain oxygen saturation greater than or equal to 92%. Re-evaluate need in 24 hrs per Oxygen Therapy guideline/protocol.
 For Asthma exacerbation: Peak flows by Respiratory Therapy daily in a.m. Respiratory Therapy to instruct patient in use of Peak Flow Meter at home.
 2 View Chest XRay if not done in ED. Reason: _____

5. **Diet** _____

6. **Activity:**
 Progress as tolerated.
 Other _____

7. **Miscellaneous:**
 Obtain old medical records.
 Vital Signs and breath sounds per unit protocol Other _____
 Obtain & record admission height & weight.
 Remove foley catheter in AM if in place **unless history of long term indwelling catheter.** Monitor urine output & notify physician if no output in 8 hours.
 Nursing pneumococcal and influenza vaccination screen and administration per local protocol.
 Nursing and Respiratory Therapy to provide patient education prior to discharge, re: oral/inhaled medications, when to contact physician. Give Healthy Living Guide to Living with Asthma or COPD.
 Smoking cessation counseling if positive history of smoking: Tips to quit smoking, Smoking resources and Quitting smoking video.

Phone order taken by and read back by:		Date/Time:
Transcriber's Signature:		Date/Time:
Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:
Prescriber's Signature:	Beeper Number/ID Number	Date/Time:



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Allergy/Sensitivities and Reactions:	Height: _____ <input type="checkbox"/> Inches <input type="checkbox"/> Cm	Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> Actual <input type="checkbox"/> Estimated
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PLEASE UTILIZE MEDICATION RECONCILIATION FORM FOR EVALUATION OF PRE-ADMISSION MEDICATIONS.

8. Medications: **May substitute hospital formulary drug**
 IV access: Saline lock, flush per protocol. IV _____ at _____ ml/hr

STEROIDS:

- Methylprednisolone (Solu-Medrol) 60 mg every 6 hours IV push times 8 doses then convert to prednisone 60 mg orally once daily. Notify physician if unable to take oral meds.
- Prednisone _____mg orally every ____ hours

BRONCHODILATORS:

- Albuterol 2.5 mg per nebulizer every 4 hours around the clock and as needed for dyspnea times 24 hours. Modify per local respiratory therapy protocol.
- Ipratropium bromide (Atrovent®) 0.5 mg every 4 hours around the clock per nebulizer times 24 hours. Modify per local respiratory therapy protocol (for COPD admission).
- Tiotropium (Spiriva®) ONE 18 mcg capsule. Administer 2 puffs of the contents of one capsule once daily with the Handihaler inhalation device. Discontinue Ipratropium bromide.
- Convert from nebulizer to MDI with spacer when able to tolerate.

ANTIBIOTICS (consider for acute exacerbation COPD)

- Azithromycin (Zithromax®) 500 mg orally once daily for 3 days.

SMOKING CESSATION:

- Nicotine Patch ____ mg (14 or 21 mg) apply topical once daily
- _____

OTHER MEDICATIONS:

- Montelukast (Singulair®) 10 mg orally daily in the evening
- Theophylline (Theodur®) _____mg orally every ____ hours
- Guaifenesin & Dextromethorphan (Robitussin - DM®) 5 ml orally every 6 hours as needed for cough (not to exceed 40 ml in 24 hours)
- Docusate sodium (Colace®) 100 mg orally twice daily
- Maalox® 30 ml (or therapeutic equivalent) orally every 4 hours as needed for heartburn
- Acetaminophen (Tylenol®) 650 mg orally every 4 hours as needed for discomfort. (Maximum 4 grams/24 hrs)
- Milk of magnesia 30 ml orally daily as needed for constipation

VTE prophylaxis - Use separate VTE Prophylaxis for Adult Patient Standing Orders

Glycemic control - Use separate Adult Insulin Standing Orders

Phone order taken by and read back by:		Date/Time:	
Transcriber's Signature:		Date/Time:	
Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:	
Prescriber's Signature:	Beeper Number/ID Number	Date/Time:	