



Jordan Valley Medical Center and Pioneer Valley Hospital (A Campus of JVMC) Standard Orders
Chronic Obstructive Pulmonary Disease

Admitting Physician: _____ Date: _____ Time: _____

Admit to Inpatient: Med/Surg Telemetry ICU

Place in Observation Services: Med/Surg Telemetry Other _____

Diagnosis: Exacerbation of COPD Acute Bronchitis Respiratory Distress Other: _____

Condition: Stable Guarded Critical Good Fair Poor

Consult: Pulmonary: _____
 Cardiology: _____
 Other: _____

Allergies: _____

Code Status: Full 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 2 gm low sodium Clear liquid Full liquid
 Cardiac Carbohydrate Controlled 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 90%
 Venti Mask _____ % FIO2 100% NRB
 Other: _____

Protocols (if available): All protocol orders must be placed in chart

Weight Based Heparin Dosing Protocol for
 (when patient placed on protocol, all associated labs and monitoring is included)

Insulin Insusion Protocol (ICU patients only)

Labs:

Troponin (STAT, repeat in 8 hrs) CPK Magnesium

BMP CMP BNP TSH UA ABG Fasting lipid profile Theophylline level

Contact Respiratory Therapy for sputum collection Sputum gram stain and C&S Blood cultures X 2

CBC with differential () Now () In AM () Other _____

CBC without differential () Now () In AM () Other _____

Sputum for AFB smear/cultre Sputum fungus culture/smear Other Labs: _____

Studies: (If LVEF less than 40%, implement CHF Protocol)

CXR: Portable PA/Lateral PFT with and without bronchodilator

EKG Echocardiogram Dr _____ to read

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: _____

Jordan Valley MEDICAL CENTER 3580 West 9000 South West Jordan, UT 84088 (801) 561-8888	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

Medications: (Check the appropriate box.)

Steroids

Methylprednisolone (Solumedrol) 40mg IV 60mg IV 80mg IV every 6hrs 8 hrs 12 hrs
 Prednisone _____mg PO every _____hrs

Respiratory Medications

Nebulizer (HHN/SVN); Albuterol (Ventolin) 0.5ml in 2.5ml normal saline solution every _____ hrs
 Nebulizer (HHN/SVN); Albuterol and Ipratropium (DuoNeb) Unit Dose every _____ hrs
 Aminophyllin loading dose 0.5 mg/kg/hr IV (nonsmoker) 0.7 mg/kg/hr IV (smoker)
 Theophyllin long-acting (Theo-dur) 100 mg PO 200 mg PO 300 mg PO 400 mg PO BID TID

Antibiotics

Ceftriaxone (Rocephin) 1 gm IV every 24 hours
 Levofloxacin (Levaquin) 750 mg IV every 24 hours (renal dosing if necessary)

Pain

Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
 Morphine Sulfate 2 mg IV every 4 hrs PRN severe pain (unless patient is allergic to codeine or morphine)

Other

Enoxaparin (Lovenox) 40 mg subcutaneous daily (renal dosing per pharmacy)
 Lorazepam (Ativan) 0.5mg PO every 6 hrs PRN 1 mg PO PRN every 6 hrs
 Famotidine (Pepcid) 20mg IV twice daily PO twice daily
 Pantoprazole (Protonix) 40 mg IV once daily PO once daily
 Nicotine _____ mg topical patch apply daily
 Temazepam (Restoril) 15 mg PO at bedtime PRN sleep. May repeat does once in one hour if no results.
 Ondansetron (Zofran) 4 mg IV every 24 hrs PRN for nausea and vomiting

Standard Medications: (All orders below will be implemented unless crossed out)



Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain (not to exceed 4 grams per 24 hrs)
 Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN temp more than 101F (not to exceed 4 grams per 24 hrs)
 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:

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	Allergies:								
	Attending Physician Name:								