

Chronic Obstructive Pulmonary Disease

Attending 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
 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 only

Nursing: Daily weight Intake & Output Foley to drainage Head of bed elevated _____ degrees
 Pulse oximeter continuous every shift Incentive spirometry every _____ hrs
 twice a day Peak Flow measure BID
 continuous overnight monitor 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
 Low fat, low cholesterol No caffeine or temperature extremes Diabetic: _____ kCal ADA
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock Other: _____


Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more than 92%
 Vent Mask _____ % FIO2 100% NRB Other: _____


Protocols (if available): All protocol orders must be placed in chart
 Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)
 Insulin Infusion Protocol (ICU patients only)

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

Studies: (If LVEF less than 40%, implement CHF Protocol)
 CXray: Portable OPA/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:		

 Mountain Vista MEDICAL CENTER	1301 S. Crismon Rd. Mesa, AZ 85209	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:									
	Attending Physician Name:									

Medications: (Check the appropriate box.)

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

Protocols: All protocol orders must be placed in the chart

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

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

- ✓ Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F
- ✓ Docusate sodium (Colace) 100 mg PO qHS
- ✓ MOM 30 ml PO PRN constipation
- ✓ Maalox 30 ml PO PRN heartburn
- ✓ 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 hours PRN nausea/vomiting



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


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

Additional Meds:

- _____
- _____
- _____
- _____
- _____

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