

STANDING ADMISSION ORDERS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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
 Daily weight Intake & Output Foley to drainage Head of bed elevated _____ degrees

Nursing: Pulse Oximetry Continuous Incentive spirometry every _____ hrs
 every shift peak flow measure BID
 Twice a day Sequential Compression Device (SCD)
 Glucose checks AC and qHS 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 92%
 Venti 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 Insusion Protocol

Labs: Troponin (STAT, repeat 90 min, and 12 hours) CPK Magnesium
 BMP CMP BNP TSH UA CBC ABG
 Fasting lipid profile Theophylline level Contact Respiratory Therapy for sputum collection
 Sputum gram stain and C&S
 Blood cultures X 2 Sputum for AFB smear/culture 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:	

 2555 Jimmy Johnson Blvd. - Port Arthur - Texas 77640 (409) 724-7389	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

Medications: (Check the appropriate box.)

- Methylprednisolone (Solumedrol) 40mg IV 60mg IV 80mg IV every 6hrs 8 hrs 12 hrs
- Prednisone _____ mg PO every _____ hrs _____ daily
- 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
- Albuterol (Ventolin) MDI 2 puffs 4 puffs every 4 hrs 6 hrs
- Ipratropium (Atrovent) MDI 2 puffs 4 puffs every 4 hrs 6 hrs
- Albuterol/Ipratropium (Combivent) MDI 2 puffs 4 puffs QID
- Fluticasone (Flovent) 44 micrograms 110 micrograms 220 micrograms 1 puff TID 2 puffs TID 4 puffs TID
- 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
- Centriaxone (Rocephin) 1 gm IV every 24 hours
- Levofloxacin (Levaquin) 750 mg IV every 24 hours (renal dosing)
- Enoxaparin (Lovenox) 40 mg subcutaneous daily (renal dosing)
- 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
- Vicoden ES 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)
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat does once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 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 or temp greater 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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