

**Admission 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 [] every shift [] Twice a day
 [] Peak flow measure BID [] Sequential Compression Device (SCD) [] Incentive spirometry every _____ hrs
 [] Glucose checks AC and qHS or every _____ hrs
 [] Other: _____

Diet: [] Regular [] Mechanical soft [] Restrict fluid _____ [] Sodium restricted _____ mg
 [] Cardiac/Heart Healthy [] Diabetic (specify) _____ calorie [] Renal/Kidney
 [] 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 for (when patient placed on protocol, all associated labs and monitoring is included)
 [] Insulin Insusion Protocol (ICU patients only)

Labs: [] Troponin (STAT, repeat 90 minutes, and 12 hours) [] 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
 [] Sputum for AFB smear/culture [] Sputum fungus culture/smear
 [] 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)
 [] 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:	

 Salt Lake Regional MEDICAL CENTER 1050 East South Temple - Salt Lake City - Utah 84102 (801) 350-4111	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								

Medications: (Check the appropriate box.)

- Methylprednisolone (Solumedrol) 40 mg IV 60 mg IV 80 mg IV every 6 hrs 8 hrs 12 hrs
- Prednisone _____ mg PO every _____ hrs _____ daily
- Nebulizer (HHN/SVN); Albuterol (Ventolin) 0.5 ml in 2.5 ml 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 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 220 micrograms 1 puff TID 2 puffs TID 4 puffs TID
- Ceftriaxone (Rocephin) 1 gm IV every 24 hours
- Levofloxacin (Levaquin) 750 mg IV every 24 hours (renal dosing)
- Heparin 5000 units SQ q 8 hrs
- Enoxaparin (Lovenox) 40 mg subcutaneous daily (renal dosing)
- Lorazepam (Ativan) 0.5 mg PO every 6 hrs PRN 1 mg PO every 6 hrs PRN
- Famotidine (Pepcid) 20mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40mg IV once daily
- Nicotine _____ mg topical patch apply daily
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting

If Ondansetron ineffective, the Prochlorperazine (Compazine) 5mg IV every 6hrs PRN

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 (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 0.5 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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