



### 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

[ ] 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 at bedtime or every \_\_\_\_\_ hrs

[ ] Other: \_\_\_\_\_

[ ] 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 for (when patient placed on protocol, all associated labs and monitoring is included)

[ ] Insulin Insusion Protocol (ICU patients only)

[ ] 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: \_\_\_\_\_

## Davis Hospital

AND MEDICAL CENTER

1600 West Antelope Drive - Layton, UT 84041

(801) 807-1000

|     |     |     |    |    |       |    |     |    |
|-----|-----|-----|----|----|-------|----|-----|----|
| 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
- 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), change to PO after 2 doses

**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 if NPO, otherwise 20 mg PO twice daily
- Pantoprazole (Protonix) 40 mg  IV once daily if NPO, otherwise Prilosec 20 mg PO 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:**

- 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 every HS PRN constipation
- Maalox 30 ml PO every 4 hrs 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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| 24 HR. CHART CHECK BY NURSE | DATE | TIME |             |                                       |

|  |                           |            |     |    |    |       |    |     |    |
|--|---------------------------|------------|-----|----|----|-------|----|-----|----|
| <br> | Account Number:           | MR Number: |     |    |    |       |    |     |    |
|  | Patient Name:             |            |     |    |    |       |    |     |    |
|  | Admit Date:               |            |     |    |    |       |    |     |    |
| <p><b>Davis Hospital</b><br/>AND MEDICAL CENTER<br/>1600 West Antelope Drive – Layton, UT 84041<br/>(801) 807-1000</p>   | DOB                       | Age        | Sex | HT | WT | RM-BD | PT | SVC | FC |
|  | Allergies:                |            |     |    |    |       |    |     |    |
|  | Attending Physician Name: |            |     |    |    |       |    |     |    |