

STANDING ADMISSION ORDERS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Admitting Physician: _____ Date: _____ Time: _____

Admit to Inpatient: Med/Surg Telemetry CCU

Place in Observation Services: Med/Surg Telemetry

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 only

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) Compression Hose (TED)
 continuous overnight monitor
 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: Saline lock
 Intravenous: _____ @ _____ ml/hr
 Other: _____

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more 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 UA and/or AMI (when patient placed on protocol, all associated labs and monitoring is included)
 Insulin Insusion Protocol (ICU Patient Only)

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 Cardiac Enzymes every 6 hrs x 3
 Blood cultures X 2 Sputum for AFB smear/cultre Sputum fungus culture/smear
 Other Labs: _____


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

 <p>503 Mcmillan Rd. - West Monroe, LA 71291</p>	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 _____ daily

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
- 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 QID 4 puffs QID
- Fluticasone (Flovent) 44 micrograms 110 micrograms 220 micrograms 1 puff TID 2 puffs TID 4 puffs TID
- Aminophylline 0.5 mg/kg/hr IV (nonsmoker) 0.7 mg/kg/hr IV (smoker)
- Theophylline long-acting (Theo-dur) 100 mg PO 200 mg PO 300 mg PO 400 mg PO BID TID

Antibiotics

- Centriaxone (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)

Anticoagulant Thromboprophylaxis:

- Heparin 5,000 units subcutaneous every 8 hours
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hours

- Lorazepam (Ativan) 0.5mg PO every 6 hrs PRN 1 mg PO PRN every 6 hrs PRN for anxiety
- Famotidine (Pepcid) 20mg PO twice daily or IV twice daily (unable to tolerate PO)
- Nicotine _____ mg topical patch apply daily
- 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 6 hrs 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 greater than 101F (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO every 6 hours PRN constipation
- Maalox 30 ml PO every 6 hours 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 if patient is older than 50 years (October through March)

Additional Meds:

- _____
- _____
- _____
- _____

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