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
[ ] Other:

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: [ ] 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 sputnum collection
[ ] Sputnum gram stain and C&S [ ] Cardiac Enzymes every 6 hrs x 3
[ ] Blood cultures X 2 [ ] Sputnum for AFB smear/culture [ ] Sputnum 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: ____________________________

DOB Age Sex HT WT RM-BD PT SVC FC

Allergies: ____________________________

Attending Physician Name: ____________________________

Glenwood REGIONAL MEDICAL CENTER
503 Mcmilian Rd. - West Monroe, LA 71291

STANDING ADMISSION ORDERS - CHRONIC OBSTRUCTIVE PULMONARY DISEASE
Medications: (Check the appropriate box.)

Steroids
- [ ] Prednisone________mg PO every________hrs ________daily
- [ ] Methylprednisolone (Solumedrol) [ ] 40mg IV [ ] 60mg IV [ ] 80mg IV every [ ] 6 hrs [ ] 8 hrs[ ] 12 hrs

Respiratory Medications
- [ ] 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 [ ] 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
- [ ] Centraxone (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) [ ] 0.5 mg PO every 6 hrs PRN [ ] 1 mg PO PRN every 6 hrs PRN for anxiety
- [ ] Famotidine (Pepcid) 20 mg 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) 5 mg IV every 6 hrs PRN

Standard Medications: (All orders below will be implemented unless crossed out)
- [x] Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp greater than 101°F (not to exceed 4 grams per 24 hrs)
- [x] Docusate sodium (Colace) 100 mg PO qHS
- [x] MOM 30 ml PO every 6 hours PRN constipation
- [x] 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 0.5 ml IM if patient is older than 65 years
- [ ] Influenza Vaccination 0.5 ml IM if patient is older than 50 years (October through March)

Additional Meds:

NURSE NOTED DATE TIME DATE / TIME PHYSICIAN SIGNATURE OR AUTHENTICATION

24 HR. CHART CHECK BY NURSE DATE TIME

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Patient Name:

Admit Date:

DOB Age Sex HT WT RM-BD PT SVC FC

Allergies:

Attending Physician Name: