

- Directions:**
1. Mark through the item(s) you do not wish to order
 2. Indicate choice when options are available by placing a check (✓) in the box

1. **Admit to Dr.** _____
2. **Diagnosis:** Chronic Obstructive Pulmonary Disease with exacerbation
3. **Vital signs:** Routine for unit; or every _____ with pulse oximetry saturation
4. **Allergies:** none known _____
5. **Intake and output** every shift for first 48 hours.
6. **Weight** on admission and every morning.
7. **Activity:** Up in chair and ambulate at least T.I.D. if able; progressive activity as patient's condition allows
8. **Diet:** Regular _____
9. **Diagnostic Studies:**
 - Chest X-ray, P.A. and lateral: "COPD with exacerbation" ECG
 - CBC with diff CCP Arterial blood gases Spot check pulse oximetry _____
 - Sputum for Gram Stain and culture Blood Culture x 2
 - Other lab _____
10. **Respiratory Treatments:**
 - Albuterol _____ puffs every _____ hours by MDI with spacer; **OR:**
 - Albuterol 2.5 mg nebulized every _____ hours. Switch to _____ puffs Albuterol every _____ hours by MDI with spacer according to MDI Conversion Protocol (if MDI dose not specified, will default to 4 puffs).
 - Ipratropium _____ puffs every _____ hours by MDI with spacer; **OR:**
 - Ipratropium 0.5 mg nebulized ever _____ hours. Switch to _____ puffs Ipratropium every _____ hours by MDI with spacer according to MDI Conversion Protocol (if MDI dose not specified, will default to 4 puffs).

Measure and record peak flow rates before and after first respiratory treatment.
Encourage patient to cough and deep breathe every 2 hours while awake.

 - Other respiratory treatments: _____
11. **Oxygen:** _____ liters per minute via nasal cannula. (If flow rate not specified, will default to 2 liters per minute), **OR:** _____ percent oxygen by face mask.
Spot check pulse oximetry daily while on oxygen. If saturation is greater than 92%, check pulse oximetry on room air. (Do not check on room air if patient is on home oxygen.)
12. **Steroids:**
 - Methylprednisolone _____ mg IV push every 6 hours x _____ doses. (If box checked and dose not specified, will default to 40 mg every 6 hours x 4 doses). **THEN/OR**
 - Prednisone _____ mg p.o. now; then _____ mg p.o. every morning.
 - Decrease Prednisone dose by _____ mg every _____ day(s).
13. **Antibiotics:**
 - Oral _____
 - IV _____
14. **DVT Prophylaxis: (unless contraindicated)**
If the patient's estimated GFR is less than 30ml per minute, Heparin is a safer alternative.
 - Heparin** 5000 units subcutaneously every 8 hours, or every 12 hours
 - Dalteparin** 5000 units subcutaneously every 12 hours
 - Fondaparinux (Arixtra)** 2.5mg subcutaneously daily
 - Enoxaparin (Lovenox)** 40mg subcutaneously daily
15. **Vaccinations:** Pneumovax Influenza vaccine
16. **Smoking Cessation referral to Rehab Services if patient desires assistance with smoking cessation.**

() Verbal Order Verification

Physician's Signature: _____ **Date:** _____