The Ottawa Hospital | L'Hôpital d'Ottawa

PHYSICIAN'S ORDERS
Clinical Pathway (CP)

❑ Civic ❑ General

Medication Allergies/Reactions	Substances or Food Allergies/Reactions
❑ None known	❑ None known

Chronic Obstructive Pulmonary Disease Exacerbation (COPD-E) Admission Orders

Init.	Non-Medication
	❑ Initiate clinical pathway for: COPD – Exacerbation (CP 110A)
	Admit to Service: _____
	Attending Doctor: _____
	❑ Vital signs as per pathway
	❑ **OR** _____
	❑ Weight and BMI measurement (kg/m^2) on admission (Document BMI in pathway)
	Diet:
	❑ NPO ❑ High calorie, high protein diet
	❑ Diabetic diet
	❑ Other _____
	Isolation Precautions:
	❑ Droplet Precautions
	❑ Airborne Precautions
	❑ Contact Precautions
	Tests:
	❑ PA/Lateral chest x-ray (enter on CPOE)
	OR ❑ Portable chest x-ray (enter on CPOE)
	❑ EKG
	❑ CBC, Creatinine, Na, K, Cl, HCO_3 daily × 3 days
	❑ CK, TnI
	❑ IgG, Total Protein, Albumin
	❑ Arterial Blood Gas **OR** ❑ Venous Blood Gas
	❑ Nasopharyngeal swab for respiratory viruses
	❑ Sputum for bacterial culture and sensitivity
	❑ INR **OR** ❑ INR daily × 3 days
	❑ Other _____
	Oxygen:
	❑ Titrate oxygen for saturations between 88–92% (Policy No.: 00098)
	OR ❑ Titrate oxygen for saturations 92% or more
	OR ❑ _____
	☑ Notify RT if patient requires greater than 50% FiO_2
	Non-Invasive Ventilation:
	❑ Initiate Bi-Level Ventilation (consider if pH less than 7.35, increased work of breathing)
	❑ Bi-Level initial settings: IPAP ____ cmH_2O, EPAP ____ cmH_2O
	Category Status:
	❑ Category status completed

Init.	IV and Medication (Medication, dose, route, frequency)
	IV Fluids:
	❑ Normal saline 100 mL/hour × 2 hours THEN reassess
	❑ Other _____
	Corticosteroids:
	❑ PrednISONE 50 mg PO daily × 5 days THEN reassess
	OR ❑ MethylPREDNISolone 60 mg IV q24h × 48 hours **(If unable to take PO)** THEN reassess
	OR ❑ Other _____
	Select an antibiotic if patient has at least 2 of the following 3 criteria present:
	1) Increased sputum purulence 2) Increased sputum volume 3) Increased dyspnea
	Choose an antibiotic from a different drug class than was used in the last 3 months
	Antibiotics (Dose adjustment may be necessary for renal dysfunction):
	Amoxicillin–clavulanic acid ❑ 875 mg PO q12h **OR** ❑ 500 mg PO q8h
	OR ❑ Azithromycin 500 mg PO daily × 1 day, THEN 250 mg PO daily × 4 days*
	OR ❑ Cefuroxime axetil 500 mg PO q12h
	OR ❑ Doxycycline 100 mg PO q12h
	OR ❑ LevoFLOXacin 750 mg PO q24h*
	OR ❑ Trimethoprim/sulfamethoxazole 1 DS tab PO q12h
	If unable to receive oral antibiotics: ❑ CefTRIAXone 1 g IV q24h
	OR ❑ LevoFLOXacin 750 mg IV q24h*
	Antivirals (Dose adjustment may be necessary for renal dysfunction):
	❑ Oseltamivir 75 mg PO q12h × 5 days (Treatment Dose)
	* May prolong QT interval (check before prescribing)
	Beta Agonist Therapy (choose one):
	Salbutamol (Ventolin) MDI 100 mcg:
	❑ 2–4 puffs q4h straight × 48h THEN reassess **OR** ❑ 2 puffs q4h prn
	OR Salbutamol (Ventolin) via nebulizer (if unable to administer via MDI):
	❑ 2.5 mg (2.5 mL) q ___ h straight × 48h THEN reassess **OR** ❑ 2.5 mg (2.5 mL) q ___ h prn
	Anticholinergic Therapy (choose one):
	❑ Tiotropium (Spiriva) Handihaler 18 mcg capsule for inhalation daily
	OR ❑ Ipratropium (Atrovent) MDI 20 mcg, 2–4 puffs q4h straight × 48h THEN reassess
	OR ❑ Ipratropium (Atrovent) via nebulizer 250 mcg (1 mL) q ___ h straight × 48h THEN reassess (if unable to administer via MDI)
	OR ❑ Other _____
	ICS/LABA Therapy (if indicated, choose one):
	Fluticasone/Salmeterol (Advair) Diskus 1 puff q12h:
	❑ 100 mcg/50 mcg **OR** ❑ 250 mcg/50 mcg **OR** ❑ 500 mcg/50 mcg
	OR Budesonide/Formoterol (Symbicort) Turbuhaler 2 puffs q12h:
	❑ 100 mcg/6 mcg **OR** ❑ 200 mcg/6 mcg
	OR ❑ Other _____
	Nicotine Replacement Therapy: Complete HEA 107 (nicotine replacement therapy)
	DVT Prophylaxis:
	Enoxaparin: ❑ 40 mg SC daily **OR** ❑ 30 mg SC daily (if CrCl less than 30 mL/min)
	OR ❑ Heparin 5000 units SC q ___ h (if CrCl less than 30 mL/min)
	OR ❑ Other _____
	Bowel Protocol: Physician to complete constipation protocol SPO 226

Date (yyyy/mm/dd)	Time	Physician (printed)	Signature (Physician)
Date (noted)	**Time**	**Processed by**	**Signature (Nurse)**