

Southwest General Hospital Standing Admission Orders Chronic Obstructive Pulmonary Disease

Attending Physician: _____ **Date:** _____ **Time:** _____
Admit to Inpatient: Med/Surg Telemetry MICU SICU
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 only

Nursing: Daily weight Intake & Output Foley to drainage Head of bed elevated _____ degrees
 Pulse oximeter continuous every shift twice a day twice a day continuous overnight monitor
 Incentive spirometry every _____ hrs Peak Flow measure BID Sequential Compression Device (SCD)
 Glucose checks AC and every HS or every _____ hrs
 Other: _____

Diet: Regular NPO 2 gm low sodium Clear liquid Full liquid Cardiac No caffeine
 Carbohydrate controlled No Temperature extremes 1800 calorie 2000 calorie 2200 calorie
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock
 Other: _____

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more than 92%
 Ventl Mask _____ % FIO2 100% NRB
 Other: _____


Protocols (if available): All protocol orders must be placed in chart
 Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)
 Insulin Infusion Protocol (Glucommander) (ER, IMC, ICU patients only)

Labs: Troponin T Magnesium CBC ABG
 BMP CMP ProBNP TSH Urinalysis
 Fasting lipid profile Theophylline level
 Blood cultures X 2 Contact Respiratory Therapy for sputum collection
 Sputum gram stain and C&S Sputum for AFB smear/culture 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: _____

Physician Signature: _____
Date/Time: _____

	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

 <p>7400 Barlite Blvd. San Antonio, TX 78224 (210) 921-2000</p>	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

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Standard Medications: (all orders below will be implemented unless crossed out)

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn

Medications: Check the appropriate box.

- Methylprednisolone (Solumedrol) 40 mg IV 60 mg IV 80 mg IV every 6 hrs 8 hrs 12 hrs
- Prednisone _____ mg PO every _____ hrs _____ daily
- 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 every 6 hrs
- Ipratropium (Atrovent) MDI 2 puffs 4 puffs every 4 hrs every 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 loading dose 0.5 mg/kg/hr IV (Nonsmoker) 0.7 mg/kg/hr IV (Smoker)
- Theophylline long-acting (Theo-dur) 100mg PO 200mg PO 300mg PO 400mg PO BID TID
- Ceftriaxone (Rocephin) 1 gm IV every 24 hours
- Levofloxacin (Levaquin) 750 mg IV every 24 hours (renal dosing)
- Enoxaparin (Lovenox) 40 mg subcutaneous daily (renal dosing)
- Lorazepam (Ativan) 0.5 mg PO every 6 hrs PRN 1 mg PO every 6 hrs PRN
- Famotidine (Pepcid) 20mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40mg IV once daily PO once daily
- Nicotine _____ mg topical patch apply daily
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO qHS 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




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 more than 65 years
- Influenza Vaccination 0.5 ml IM if patient more than 50 years (October through March)

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Physician Signature: _____
 Date/Time: _____

 	Account Number:		MR Number:						
	Patient Name:								
	Admit Date:								
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 7400 Barlite Blvd. San Antonio, TX 78224 (210) 921-2000 <small>Always here. Always caring for you.</small>									
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