Observation Asthma/COPD

Medications

**Antibacterial Agents: Cephalosporins, 3rd-Generation**
- CefTRIAXone
  - 1 gram intravenously once a day

**Antibacterial Agents: Macrolides**
- Azithromycin
  - 500 milligram intravenously once a day
  - 500 milligram orally once a day

**Antibacterial Agents: Penicillins**
- Amoxicillin-clavulanate
  - 875 milligram orally every 12 hours

**Antibacterial Agents: Quinolones**
- Levofloxacin
  - 500 milligram intravenously once a day
  - 500 milligram orally once a day
  - 400 milligram intravenously every 12 hours

**Bronchodilators: Reminders**
- Avoid the routine use of methylxanthines for patients with acute exacerbation of COPD
- Consider the use of bronchodilator therapy via either an MDI with or without a spacer, a nebulizer, or a dry-powder device

**Corticosteroid/Long-acting Beta-2 Agonist Combinations**

**ADVAIR HFA 115 MCG**
- 2 puff inhaled 2 times a day

**ADVAIR HFA 230 MCG**
- 2 puff inhaled 2 times a day

**Bronchodilators: Beta-2 Agonists – Inhaled, Short-acting**
- Administer an inhaled short-acting beta-2 agonist in patients with an acute exacerbation of COPD
- Albuterol 90 microgram/inhalation aerosol
  - 2 puff inhaled EVERY 4 HOURS AS NEEDED FOR WHEEZING/SHORTNS OF BREATH
- MDI SPACER
  - Albuterol 2.5 mg/3 mL (0.083%) neb solution
    - 3 milliliter by nebulizer EVERY 4 HOURS AS NEEDED FOR WHEEZING/SHORTNS OF BREATH

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**Physician/Date/Time:** __________________________  **Nurse/Date/Time:** __________________________  **Secretary/Date/Time:** __________________________

Full page of orders requires only one physician, one nurse and one clerical signature/date/time.

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**Original:** 5/2013  **Revised:**  **Reviewed:** 6/2013  **Form #:** 13.5-009
Bronchodilators: Inhaled Anticholinergic Agents

- Do not use if patient is on Spiriva.
  - ipratropium 17 mcg/actuation aerosol inhaler
    - 2 puff inhaled every 4 hours
  - ipratropium 0.02% inhalation solution
    - 2.5 milliliter by nebulizer every 4 hours

Bronchodilators: Inhaled Combination Agents

- DUONEB 2.5 MG-0.5 MG/3 ML SOLN FOR INHALATION
  - 3 milliliter by nebulizer every 4 hours

Corticosteroids: Systemic

- predniSONE
  - 40 milligram orally once a day
  - 60 milligram orally once a day
- methylPREDNISolone
  - 40 milligram intravenously every 8 hours
  - 60 milligram intravenously every 8 hours
  - 125 milligram intravenously every 8 hours
  - 40 milligram intravenously every 12 hours

Smoking Cessation Medications: Reminders

- For patients who are current smokers, smoking cessation medications should be offered in conjunction with smoking cessation counseling

Reminders

- Avoid the routine use of parenteral beta-2 agonists for patients with acute exacerbation of COPD

Respiratory

- Avoid the routine use of chest physiotherapy for patients with acute exacerbation of COPD
- Evidence regarding the use of helium-oxygen mixtures is inconclusive for patients with an acute exacerbation of COPD
  - O2 TO MAINTAIN O2 SAT @ 90%
- Measure peak expiratory flow
  - every 8 hours and prn
  - once a day and prn
- Blood gas, arterial
- Blood gas, venous
- Biphasic positive airway pressure (BIPAP)
  - Mode:___________ I-PAP(cm H2O):______ E-PAP(cm H2O):______ FIO2:______
- Continuous positive airway pressure (CPAP)
  - CPAP(cm H2O):______ FIO2:______
Laboratory
Microbiology
- BLOOD CULTURE ARD
- SPUTUM CULTURE +GRAM STAIN

Therapeutic Drug Levels/Toxicology
- Digoxin level
- Theophylline level

Radiology
General Radiography
- PORTABLE, CHEST SINGLE VIEW
- XR, CHEST 2 VIEWS
- XR, MODIFIED BA SWALLOW

Computed Tomography
- CT, CHEST W/O CONTRAST
- CTA, CHEST NON CORONARY

Reminders
- American College of Radiology criteria for acute respiratory illness in immunocompetent patients

Diagnostic Tests
Cardiology
- 12-lead ECG
- 2D ECHO W/DOPP AND COLOR FLOW

Pulmonology
- Pulmonary function tests
- RESTING/WALKING O2 SAT

Reminders
- Avoid the routine use of spirometry during an acute exacerbation of COPD

Consults
- Consult to pulmonary rehabilitation
- Consult to pulmonology
- SPEECH THERAPY PT. ORDER for swallowing evaluation
- Consult to pulmonary educator

Nursing Orders
Assessments
- Cardiac monitor

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PROVIDER OBSERVATION ORDERS
ASTHMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Contingency
Notify provider
☑ if oxygen saturation is less than 88%
☑ if respiratory rate is greater than or equal to 30 breaths per minute
☑ if patient becomes lethargic or confused

Interventions
Elevate head of bed
☐ 30 degrees
☐ 45 degrees

Reminders
› Consider early supported discharge with home respiratory nurse support for patients with acute exacerbation of COPD
› Consider referral for pulmonary rehabilitation

_________________________       _________________________       _______________________
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