Acute COPD Exacerbation [30400789]

Height_____________________
Weight_____________________
Allergies_____________________

If appropriate for patient condition, please consider the following order sets:

### General

#### Respiratory Interventions

| [X] Oxygen therapy | Routine, Continuous, Starting today  
O2 Delivery Method: Nasal cannula  
Titrate to saturation of: 92%  
Indications for O2: Hypoxemia  
Indicate LPM/FiO2:  
Keep oxygen level LESS THAN 94% |
| [ ] Chest physiotherapy | Routine, Every 4 hours while awake, Starting today  
Indications: COPIOUS SPUTUM PRODUCTION  
Mode: PEP/Flutter Valve  
Duration (minutes): 15  
PEP therapy for sputum clearance in conjunction with bronchodilator treatments, for 10-15 minutes. |
| [ ] Other |

#### Ancillary Consults

| [X] Pharmacy general consult | Routine, Once, Starting today |
| [ ] Other |

#### Labs

| [ ] Blood gas, arterial | Once, Starting today |
| [ ] Blood gas, arterial | As needed, Starting today  
If patient is distressed or lethargic. |
| [ ] Respiratory culture and gram stain | Once, Starting today  
Specimen Source___________Required |
Acute COPD Exacerbation

**Imaging**

- [ ] X-ray chest PA and lateral
  - Routine, 1 time imaging, Starting today For 1
  - Reason for Exam: Dyspnea
  - Is the patient pregnant?
  - Reason for Exam (USE SIGNS AND SYMPTOMS):

- [ ] X-ray chest AP portable
  - Routine, 1 time imaging, Starting today For 1
  - Reason for Exam: Dyspnea
  - Is the patient pregnant?
  - Reason for Exam (USE SIGNS AND SYMPTOMS):

- [ ] Other

**Medications**

**Bronchodilation**

- [ ] Albuterol-Ipratropium SVN
  - "And" Linked Panel
    - ipratropium-albuterol (DUO-NEB) nebulizer solution
      - 3 mL, Nebulization, Every 4 hours while awake (RT)
      - And PRN
      - Routine
    - ipratropium-albuterol (DUO-NEB) nebulizer solution
      - 3 mL, Nebulization, Every 2 hour PRN, wheezing, shortness of breath, and Scheduled, Routine

- [ ] Albuterol SVN Scheduled PRN
  - "And" Linked Panel
    - albuterol sulfate 2.5 mg/3 mL (0.083 %) nebulizer solution
      - 2.5 mg, Nebulization, Every 4 hours while awake (RT)
      - And PRN
      - Routine
    - albuterol sulfate 2.5 mg/3 mL (0.083 %) nebulizer solution
      - 2.5 mg, Nebulization, Every 2 hour PRN, wheezing, shortness of breath, and Scheduled, Routine

- [ ] Ipratropium SVN Scheduled PRN
  - "And" Linked Panel
    - ipratropium (ATROVENT) nebulizer solution 0.02%
      - 0.5 mg, Nebulization, Every 4 hours while awake (RT)
      - And PRN
      - Routine
    - ipratropium (ATROVENT) nebulizer solution 0.02%
      - 0.5 mg, Nebulization, Every 2 hour PRN, wheezing, shortness of breath, and Scheduled, Routine

- [ ] Other

**Glucocorticosteroids (Single Response)**

**PROVIDER INITIAL: __________**
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<td><strong>Acute COPD Exacerbation</strong></td>
<td><strong>[30400789]</strong></td>
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**Physician Orders**

- **Prednisone Taper:** PO 40 mg BID X 2 days then 40 mg daily
  - Followed by Linked Panel
  - Prednisone (DELTAZONE) tablet 40 mg, Oral, 2 times daily, For 2 Days, Routine
  - Prednisone (DELTAZONE) tablet 40 mg, Oral, Daily, Routine

- **Methylprednisolone IV + Prednisone PO taper**
  - Followed by Linked Panel
  - Methylprednisolone 10 mg/mL IV 60 mg, Intravenous, for 3 Minutes, Every 8 hours, Starting today, For 3 Doses, Routine
  - Methylprednisolone 10 mg/mL IV 40 mg, Intravenous, for 3 Minutes, Every 12 hours, For 3 Doses, Routine
  - Prednisone (DELTAZONE) tablet 40 mg, Oral, 2 times daily, For 2 Days, Routine
  - Prednisone (DELTAZONE) tablet 40 mg, Oral, Daily, Routine

- **Other**

**Antibiotics (Single Response)**

For patients with no pseudomonal risk:

- Azithromycin (ZITHROMAX) tablet 500 mg, Oral, Daily, For 3 Days, Routine
- Doxycycline (VIBRAMYCIN) capsule 100 mg, Oral, Every 12 hours, For 5 Days, Routine

**Pseudomonal Risk**

- Levofloxacin (LEVAQUIN) tablet 750 mg, Oral, Daily, For 5 Days, Routine

- Other

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Date: _______ Time: _______
Printed Name of Ordering Provider: ____________________________________________
Provider Signature: ____________________________________________________________

Date: _______ Time: _______
RN Acknowledged: _____________________________________________________________

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