

Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Allergies \_\_\_\_\_

<b>Emergency Department (ED) Acute Exacerbation of COPD Order Set</b>		M	K	O
Orders Processed Date (dd/mm/yyyy)	<b>Advance Directives/Code Status <span style="background-color: #90EE90;">QBP</span></b> <span style="background-color: #90EE90;">QBP</span> Code Status: <input type="checkbox"/> Full Resuscitation <input type="checkbox"/> _____			
Time (hhmm)	<b>Consult</b> <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Other: _____			
By	<b>Vitals and Respiratory</b> <input type="checkbox"/> Temp, HR, RR, BP, SpO <sub>2</sub> q1h x4 then reassess <input type="checkbox"/> Continuous SpO <sub>2</sub> monitoring <input type="checkbox"/> Titrate O <sub>2</sub> to keep SpO <sub>2</sub> greater than 92% <b>OR</b> <input type="checkbox"/> Titrate O <sub>2</sub> to keep SpO <sub>2</sub> between 88% and 92% <input type="checkbox"/> Page Respiratory therapist for BiPAP Therapy (Parameters: IPAP 10 – 22 cmH <sub>2</sub> O, EPAP 5 – 14 cmH <sub>2</sub> O titrate pressure and FiO <sub>2</sub> to patient response)			
Status	<b>Lab Investigations (if not done already)</b> <input checked="" type="checkbox"/> CBC <span style="background-color: #90EE90;">QBP</span> <input checked="" type="checkbox"/> Na, K, Cl, TCO <sub>2</sub> <span style="background-color: #90EE90;">QBP</span> <input checked="" type="checkbox"/> Creatinine <span style="background-color: #90EE90;">QBP</span> <input checked="" type="checkbox"/> Urea <span style="background-color: #90EE90;">QBP</span> <input checked="" type="checkbox"/> Glucose <input checked="" type="checkbox"/> VBG <span style="background-color: #90EE90;">QBP</span> <input type="checkbox"/> Urinalysis – Routine			
Processing Reviewed by	<b>Diagnostics</b> <input checked="" type="checkbox"/> CXR PA+ Lateral <b>OR</b> <input type="checkbox"/> CXR Portable <input checked="" type="checkbox"/> ECG <span style="background-color: #90EE90;">QBP</span> <input type="checkbox"/> Other: _____			
Status	<b>Fluids and Electrolytes</b> <input type="checkbox"/> _____ mL IV bolus over _____ <b>THEN</b> _____ <input type="checkbox"/> Other: _____			
Faxed by	<b>Bronchodilator Therapy (MDI's via spacer device)</b> <p style="text-align: center;"><b>Current evidence clearly recommends the use of MDI with spacers in AECOPD over nebulizers, including better infection control.</b></p> <input checked="" type="checkbox"/> salbutamol (100 micrograms) MDI <input checked="" type="checkbox"/> 5 puffs inhalation, q20min PRN (Max 3 doses) <b>THEN</b> 2 puffs q1 – 4h PRN <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> ipratropium (20 micrograms) MDI <input checked="" type="checkbox"/> 5 puffs inhalation, q20min PRN (Max 3 doses) <b>THEN</b> 2 puffs q4h PRN <input type="checkbox"/> Other: _____			
	<b>Corticosteroids</b> <input checked="" type="checkbox"/> predni <b>SONE</b> 50 mg PO x1 <b>OR</b> <input type="checkbox"/> methyl <b>PREDNISolone</b> sodium succinate 40 mg IV x1 <span style="background-color: #90EE90;">QBP</span>			

Telephone Order \_\_\_\_\_  
 Ordering Practitioner, Designation      Signature      Date/Time (dd/mm/yyyy hhmm)

If Telephone Order \_\_\_\_\_  Read Back  
 Ordering Physician      Date (dd/mm/yyyy)      Time (hhmm)



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Allergies \_\_\_\_\_

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Orders Processed Date (dd/mm/yyyy)  Time (hhmm)  By  Status	<div style="background-color: #f2f2f2; padding: 5px;"><b>Antibiotic Therapy</b></div> <p><b>Simple Exacerbation of COPD</b> <span style="background-color: #90EE90; padding: 2px;">QBP</span></p> <p><input type="checkbox"/> azithromycin 500 mg PO x1 dose NOW      <b>OR</b>      <input type="checkbox"/> cefuroxime 500 mg PO x1 dose NOW</p> <p><b>Complicated Exacerbation of COPD</b> <span style="background-color: #90EE90; padding: 2px;">QBP</span></p> <p><input type="checkbox"/> if CrCl greater than 30 mL/min: amoxicillin/clavulanic acid 875 mg/125 mg PO x1 dose</p> <p><input type="checkbox"/> if CrCl less than or equal to 30 mL/min: amoxicillin/clavulanic acid 500 mg/125 mg PO x1 dose</p> <p><b>OR</b></p> <p><b>If less than 100 kg</b>      <b>If greater than/equal to 100 kg</b></p> <p><input type="checkbox"/> cefTRIAxone 1g IV x1 dose      <input type="checkbox"/> cefTRIAxone 2 g IV x1 dose</p> <p><b>OR</b></p> <p><b>If severe penicillin allergy (anaphylaxis, angioedema, bronchospasm)</b></p> <p><b>***Use with caution. Fluoroquinolones carry an increased risk for the development of c-diff***</b></p> <p><input type="checkbox"/> moxifloxacin 400 mg <input type="checkbox"/> PO <b>OR</b> <input type="checkbox"/> IV x1 NOW</p>															
Processing Reviewed by  Status	<div style="background-color: #f2f2f2; padding: 5px;"><b>If Discharged from the ED</b></div> <p><input checked="" type="checkbox"/> Provide prescription for further Steroid, Antibiotic and Bronchodilator therapy</p> <p><input checked="" type="checkbox"/> Document regular provider (Family Doctor, Respirologist or local clinic) below:                  _____ (consider Respirology referral if never done)</p> <p><input checked="" type="checkbox"/> Advise patient to follow up with regular provider within 2 – 5 days and when to return to ED</p> <p><input checked="" type="checkbox"/> Fax ED chart to regular provider for follow up</p> <p><input checked="" type="checkbox"/> Advise on Smoking Cessation if appropriate and refer to local resources if applicable</p>															
Faxed by	<div style="background-color: #f2f2f2; padding: 5px;"><b>Additional Orders</b></div>   															
	<p><b>Further Outpatient Treatment Recommendations:</b></p> <p>- amoxicillin/clavulanic acid in PO for 5 days</p> <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="text-align: left;">CrCl (ml/min)</th> <th style="text-align: left;">Dose (mg/mg)</th> <th style="text-align: left;">Frequency</th> </tr> </thead> <tbody> <tr> <td>More than 30</td> <td>875/125</td> <td>q12h</td> </tr> <tr> <td>10 – 30</td> <td>500/125</td> <td>q12h</td> </tr> <tr> <td>Less than 10</td> <td>500/125</td> <td>q24h</td> </tr> </tbody> </table> <p>- azithromycin 250 mg PO daily for 5 days      - cefuroxime 500 mg PO q12h for 7 days</p> <p>- moxifloxacin 400 mg PO daily (<b>If severe PCN Allergy</b>) for 5 days</p> <p>- predni<b>SONE</b> 25 – 50 mg PO daily in am with food for 7 days</p>				CrCl (ml/min)	Dose (mg/mg)	Frequency	More than 30	875/125	q12h	10 – 30	500/125	q12h	Less than 10	500/125	q24h
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