

STANDING ADMISSION ORDERS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Admitting Physician: _____ Date: _____ Time: _____

Admit to Inpatient: Med/Surg Telemetry ICU

Place in Observation Services: Med/Surg Telemetry

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 Oximetry Continuous Incentive spirometry every _____ hrs
 Every shift Peak flow measure BID
 Twice a day Sequential Compression Device (SCD)
 Continuous overnight monitor
 Glucose checks AC and qHS or every _____ hrs
 Other: _____

Diet: Regular NPO 2 gm low sodium Clear liquid Full liquid
 Cardiac Carbohydrate Controlled No caffeine or temperature extremes
 Other: _____

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

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

Protocols (if available): All protocol orders must be placed in chart

Weight Based Heparin Dosing Protocol (when patient on protocol, all associated labs and monitoring is included)
 Insulin Infusion Protocol (ICU patients only)

Labs: Troponin (STAT, repeat 90 min, and 12 hours) CPK Magnesium
 BMP CMP BNP TSH UA CBC ABG
 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: _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		



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

**TOWN & COUNTRY
HOSPITAL**

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies: _____								
Attending Physician Name: _____								

6001 Webb Road - Tampa, Florida 33615 - (813) 888 - 7060

Medications: (Check the appropriate box)

- Methylprednisolone (Solumedrol) 40mg IV 60mg IV 80mg IV every 6hrs 8 hrs 12 hrs
- Prednisone _____ mg PO every _____ hrs _____ daily
- Nebulizer (HHN/SVN); Albuterol (Ventolin) 0.5ml in 2.5ml 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)
- Theophyllin long-acting (Theo-dur) 100 mg PO 200 mg PO 300 mg PO 400 mg PO BID TID
- Ceftriaxone (Rocephin) 1mg IV every 24 hours
- Levofloxacin (Levaquin) 750 mg IV every 24 hours (renal dosing)
- Enoxaparin (Lovenox) 40 mg subcutaneous daily (renal dosing)
- Lorazepam (Ativan) 0.5mg PO every 6 hrs PRN 1 mg PO every 6 hrs PRN
- Famotidine (Pepcid) 20mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40 mg 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

Standard Medication: (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 4 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn



Vaccination: Check for prior vaccination status. If none given, administer when patient afebrile and vital signs stable.

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

Additional Meds:

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

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:							
	Patient Name:								
	Admit Date:								
TOWN & COUNTRY HOSPITAL	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies:									
Attending Physician Name:									
6001 Webb Road - Tampa, Florida 33615 - (813) 888 - 7060									