

Acute Exacerbation of COPD in hospitalized patient

- Increased dyspnea
- Sputum volume
- Sputum purulence

Mild [<2 symptoms]

Moderate / Severe [>2 symptoms]

- Prednisone 40mg x 5 days
- Albuterol / duoneb nebulizers every 4hr scheduled/prn
- Continue home inhalers and inhaled steroids
- No Antibiotics
- **Pulmonary RN Consult**

CXR, ABG, CBC, Lytes, BUN, Creatinine, Sputum & Blood Cx

Uncomplicated [No Risk Factors]

Complicated ≥1 Risk Factors

- Risk Factors:**
- Age >65 years
 - Cardiac disease
 - ≥3 exacerbations/Yr.

- Oral Prednisone
- Albuterol / Duoneb nebulizers every 4hr scheduled/prn
- Resume home inhalers, and inhaled steroids if stable
- Oral Antibiotics
 - Doxycycline 100 mg BID
 - Azithromycin 500mg Daily
- Oxygen Supplementation
- **Pulmonary RN consult**

- Oral prednisone
- Albuterol / Duoneb nebulizers every 4hr scheduled/prn
- Resume home inhalers and inhaled steroids if stable
- Antibiotics
 - Doxycycline 100 mg BID
 - Azithromycin 500mg Daily
 - Augmentin 875 BID
 - Pip – Tazo [Only if previous cx grew pseudomonas and discussing with Abx approval]
- Oxygen Supplementation
- HFNC if Hypoxic
- PAP if Hypoxic/ Hypercapneic
- **Pulmonary RN consult**

Progressing well

Worsening symptoms

Treat as Moderate / Severe

Progressing well- plan for discharge

Worsening symptoms

Treat as Complicated

Worsening symptoms

Progressing well- plan for discharge

Consult Pulmonologist

- Discharge Planning:**
- Medication reconciliation done?
 - Medications rxed and available upon D/C
 - Teach Back done?
 - Evaluated by pulmonary rehab nurse?
 - Smoking Cessation education
 - F/U with PCP with in 1 week
 - COPD Action Zone given?
 - Flu and pneumococcal vaccination given?

- Indications for NIV:**
- Severe respiratory distress.; Respiratory rate >35
 - Respiratory acidosis (pH 7.25-7.35) or Hypercapnia [PaCO2 >45]
 - Recommended Settings: 10 /5 of BiPAP, titrate based on: ABG, work of breathing, minute ventilation, and respiratory therapy guidance
- Consult Pulmonology if:**
- Not responding to therapy after 3rd day of admission
 - Requiring High Flow Oxygen/NIV ≥24 hours
 - Tracheostomy patients with a cute hypoxia

- Consider ICU Consult if:**
- Unable to tolerate NIV, NIV failure, continued Hypoxia
 - Severe acidosis (pH < 7.25) and/or hypercapnia PaCO2 >60
 - Impaired mental status; somnolence
 - Cardiovascular instability (hypotension, shock) or Res. p. arrest
- Consider Palliative care if:**
- Strongly consider a goals of care discussion by primary or palliative care team for GOLD IV COPD patients with either ≥3 inpatient admits in last year, ICU admit for respiratory failure, or severe comorbidities.