

Powerplan Display

Return

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Powerplan: COPD - CPG**Last Update:** 01/19/2021**Locations:** BMC, BFMC, BMLH, BMC INPTPSYCH, BFMC INPT PSYCH, MOCK, BWH INPT PSYCH, BWH, BNH INPT PSYCH, BNH REHAB, BNH

	Component	Details	Comment
<input type="checkbox"/>	Admit		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Status Observation Patient		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Status Inpatient		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Teaching Coverage		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Covering Physician/APP Beeper		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DVT Prophylaxis Risk Assessment		
<input type="checkbox"/>	Condition		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Condition		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Isolation		
	Code Status		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Full Resuscitation		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Limited Resuscitation		
<input type="checkbox"/>	<input checked="" type="checkbox"/> No Resuscitation		
<input type="checkbox"/>	<input checked="" type="checkbox"/> MOLST - Life Sustaining Treatment Orders		
<input type="checkbox"/>	MD to RN		
	Monitoring		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Vital Signs per Unit Standard		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Monitor O2 Sat	With Vital Signs	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Monitor O2 Sat	Every 4 hours	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Monitor O2 Sat	Every 8 hours	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Monitor O2 Sat	Continuously	
	Activity		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Activity	Ambulate, With Assistance, 3 times a day	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Activity	Bed to Chair	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Activity	OOB ad Lib	
	Call MD		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Call MD	For Temp greater than 101.5	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Call MD	For SBP greater than 170, For SBP less than 90, For Pulse greater than 120, For RR greater than 30, O2 Sat less than or equal to 88% despite supplemental oxygen	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Call MD	If supplemental Oxygen is greater than 4L/min	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Call MD	For Shortness of Breath or Difficulty Breathing	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Call MD	If started on BIPAP	
	MD to RN - General Instructions		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Provide Smoking Cessation Information		
<input type="checkbox"/>	Diet/Nutrition Services		

<input type="checkbox"/>	<input checked="" type="checkbox"/>	NPO		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	NPO after Midnight		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clear Liquid Diet		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regular Diet		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cardiac Diet	2 Gram Sodium, Fluids: No Fluid Restriction	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sodium Restricted 2 Gram Diet		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetic Carb Counting Diet (Adult)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Renal Diet		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consult Nutrition Services		
<input type="checkbox"/> Medications				
<input type="checkbox"/>		COPD - select Respiratory Rx Powerplans below as necessary		
<input type="checkbox"/>		Albuterol/Ventolin Inhaler		
<input type="checkbox"/>		Albuterol/Ventolin Inhaler (Non Vented)		
<input type="checkbox"/>		Albuterol via Updraft Nebulizer		
<input type="checkbox"/>		Albuterol/Ipratropium via Updraft Nebulizer		
<input type="checkbox"/>		Breo Ellipta Inhaler		
<input type="checkbox"/>		Breo Ellipta Inhaler Orders		
<input type="checkbox"/>		Budesonide/Pulmicort Inhaled Neb		
<input type="checkbox"/>		Ipratropium/Atrovent 0.02% Inhaled Neb		
<input type="checkbox"/>		Ipratropium (Atrovent) via Updraft Nebulizer		
<input type="checkbox"/>		Tiotropium via MDI		
<input type="checkbox"/>		Tiotropium/Spiriva Inhaler		
<input type="checkbox"/>		*** REQUIRES SECONDARY ORDER for ECG 12 Lead STAT to be entered into CIS when ECG is needed per criteria ***		
<input type="checkbox"/>		Breo Ellipta Inhaler Orders		
<input type="checkbox"/>		Budesonide/Pulmicort Inhaled Neb		
<input type="checkbox"/>		Ipratropium/Atrovent 0.02% Inhaled Neb		
<input type="checkbox"/>		Ipratropium (Atrovent) via Updraft Nebulizer		
<input type="checkbox"/>		Tiotropium via MDI		
<input type="checkbox"/>		Tiotropium/Spiriva Inhaler		
Corticosteroids				
<input type="checkbox"/>		Oral and IV steroids are equivalent. Patient should be on Oral steroids if possible		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	PredniSONE(PredniSONE Tablet)	40 mg, Tablet, By Mouth, Daily for 5 days	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MethylPREDNISolone(SoluMedrol Inj)	40 mg, Injection, IV Push Slowly, 2 times a day for 3 days	
Antibiotics				
<input type="checkbox"/>		Antibiotics should be given to patients		

<input type="checkbox"/>	with AECOPD having 3 cardinal symptoms: purulent sputum, increased sputum volume and increased dyspnea or 2 of the 3 cardinal symptoms if one of them is increased purulence. Patients with a severe AECOPD requiring invasive or non-invasive ventilation should also be treated with antibiotics		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Azithromycin(Azithromycin Tablet)	500 mg, Tablet, By Mouth, Daily for 5 days, Indicated for: Other: COPD Exacerbation	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Azithromycin(Azithromycin IVPB)	500 mg, in 250 mL NaCl 0.9%, IVPB, Injection, Every 24 hours for 5 days, Indicated for: Other: COPD Exacerbation	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Doxycycline(Doxycycline Tablet)	100 mg, Tablet, By Mouth, 2 times a day for 5 days, Indicated for: Other: COPD Exacerbation	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Doxycycline(Doxycycline IVPB)	100 mg, in 100 mL NaCl 0.9%, IVPB, Injection, Every 12 hours for 5 days, Indicated for: Other: COPD Exacerbation	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Amoxicillin-Clavulanate(Amoxicillin 875 mg / Clavulanate Tablet)	1 tablet, Tablet, By Mouth, 2 times a day for 5 days, Indicated for: Other: COPD Exacerbation	
<input type="checkbox"/> IV Solutions			
<input type="checkbox"/>	<input checked="" type="checkbox"/> IV Line PRN Angio		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sodium Chloride(NaCl 0.9% Flush)	3 mL, Injection, IV Push, Every 8 hours, Routine	
<input type="checkbox"/>	<input checked="" type="checkbox"/> IV's Commonly Ordered		
<input type="checkbox"/> Laboratory			
<input type="checkbox"/>	<input checked="" type="checkbox"/> CBC w/ Differential		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Electrolytes		
<input type="checkbox"/>	<input checked="" type="checkbox"/> BUN		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Creatinine		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood Gas Arterial		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sputum Culture w/ Gram Smear(Culture Sputum w/ Gram Smear)		
<input type="checkbox"/> Diagnostic Imaging			
<input type="checkbox"/>	<input checked="" type="checkbox"/> CXR if not done in ED		
<input type="checkbox"/>	<input checked="" type="checkbox"/> XR Chest 2 Views Frontal and Lat		
<input type="checkbox"/> Cardio/Pulmonary			
<input type="checkbox"/>	<input checked="" type="checkbox"/> ECG if not done in ED		
<input type="checkbox"/>	<input checked="" type="checkbox"/> ECG 12 Lead		
<input type="checkbox"/>	<input checked="" type="checkbox"/> ECG 12 Lead PRN	Chest Pain Rhythm Changes	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen via Cannula	2L/min, Hypoxemia, Continuously, Maintain O2 Sat greater than 88%	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen via Mask		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen via Partial Rebreather		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen via NonRebreather		
<input type="checkbox"/>	<input checked="" type="checkbox"/> High Flow Nasal Cannula	Increased Work of Breathing, Maintain O2 Sat between 88 - 90%	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Exercise Oximetry Study	Routine, Reason: Possible Need for Home Oxygen COPD Exacerbation, ECG Monitor NOT Required, T;N	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Consider use of NIV for: Severe respiratory distress Respiratory Rate greater than 35 breaths per minute		

		Moderate to severe acidosis: pH less than 7.25 and/or hypercapnia PaCO2 greater than 45 mmHg Titrate based upon ABG results, work of breathing, minute ventilation and Respiratory Therapy guidance	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	BIPAP	Routine, IPAP: 10.0 cmH2O, EPAP: 5.0 cmH2O, T;N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acute exacerbation of COPD with symptoms of increased dyspnea, increased sputum volume or increased sputum purulence	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	COPD Protocol	Right click on order name and select Reference Information to view protocol
<input type="checkbox"/> Consults			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consult Pulmonology: If not responding to appropriate therapy after 48 hours Requiring high flow oxygen/NIV for greater than or = to 24 hours Tracheostomy patient with acute hypoxic respiratory failure	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consult Physician	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consult ICU Attending: Unable to tolerate NIV, or NIV failure, or continuous hypoxia for 24 hours Severe acidosis: pH less than 7.25 and/or hypercapnia PaCO2 greater than 60 Impaired mental status; somnolence Cardiovascular instability (hypotension, shock)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consult Physician	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consult Case Management	Reason: Discharge Planning
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pulm Rehab Nurse Eval Treat	Reason: COPD Management
<input type="checkbox"/>	<input checked="" type="checkbox"/>	PT Eval Treat	Prob: Endurance, Goal: Evaluate Safety Provide Patient/Family Education, Weight Bearing: As Tolerated
<input type="checkbox"/>	<input checked="" type="checkbox"/>	OT Eval Treat	Prob: Self Care/Feeding Endurance, Goal: ADL-Self Care/Function Mobility-Improve Energy Conserve-Improve, Weight Bearing: As Tolerated
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inpatient Palliative Care: Engage in goals of care discussion by primary team of palliative care for patient with GOLD IV COPD patients with either greater/= 3 inpatient admits in last year, ICU admit for Respiratory Failure, or severe co-morbidities	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consult Palliative Care	Consult-Follow-Up Until Problem Resolved
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consult Palliative Care Practitioner	