

**Admission Standard Orders  
 Chronic Obstructive Pulmonary Disease**

**Admitting Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Admit to Inpatient:** [ ] Med/Surg [ ] Telemetry [ ] ICU  
**Place in Observation Services:** [ ] Med/Surg [ ] Telemetry [ ] Other: \_\_\_\_\_  
**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  
**Nursing:** [ ] Daily weight [ ] Intake & Output [ ] Foley to drainage [ ] Head of bed elevated \_\_\_\_\_ degrees  
 [ ] Pulse Oximetry [ ] Continuous [ ] every shift [ ] Twice a day  
 [ ] Peak flow measure BID [ ] Sequential Compression Device (SCD) [ ] Incentive spirometry every \_\_\_\_\_ hrs  
 [ ] Glucose checks AC and qHS or every \_\_\_\_\_ hrs  
 [ ] Other: \_\_\_\_\_

**Diet:** [ ] Regular [ ] Mechanical soft [ ] Restrict fluid \_\_\_\_\_ [ ] Sodium restricted \_\_\_\_\_ mg  
 [ ] Cardiac/Heart Healthy [ ] Diabetic (specify) \_\_\_\_\_ calorie [ ] Renal/Kidney  
 [ ] Other: \_\_\_\_\_

**Fluids:** [ ] Intravenous: \_\_\_\_\_ @ \_\_\_\_\_ ml/hr  
 [ ] Saline lock  
 [ ] Other: \_\_\_\_\_



**Oxygen:** [ ] Nasal Cannula \_\_\_\_\_ L/min, adjust to keep O2 sat greater than 92%  
 [ ] Venti Mask \_\_\_\_\_ % FIO2 [ ] 100% NRB  
 [ ] Other: \_\_\_\_\_


**Protocols (if available): All protocol orders must be placed in chart**  
 [ ] Weight Based Heparin Dosing Protocol for (when patient placed on protocol, all associated labs and monitoring is included)  
 [ ] Insulin Insusion Protocol (ICU patients only)

**Labs:** [ ] Troponin (STAT, repeat 90 minutes, and 12 hours) [ ] CPK [ ] Magnesium  
 [ ] BMP [ ] CMP [ ] BNP [ ] TSH [ ] UA [ ] CBC [ ] ABG  
 [ ] Fasting lipid profile [ ] Theophylline level [ ] Contact Respiratory Therapy for sputum collection  
 [ ] Sputum gram stain and C&S  
 [ ] Blood cultures X 2 [ ] Sputum for AFB smear/cultre [ ] Sputum fungus culture/smear  
 [ ] Other Labs: \_\_\_\_\_

**Studies: (If LVEF less than 40%, implement CHF Protocol)**  
 [ ] CXR: [ ] 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:		

 <b>Salt Lake Regional</b> MEDICAL CENTER 1050 East South Temple - Salt Lake City - Utah 84102 (801) 350-4111	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

**Medications: (Check the appropriate box.)**

- Methylprednisolone (Solumedrol)  40 mg IV  60 mg IV  80 mg IV every  6 hrs  8 hrs  12 hrs
- Prednisone \_\_\_\_\_ mg PO every \_\_\_\_\_ hrs \_\_\_\_\_ daily
- Nebulizer (HHN/SVN); Albuterol (Ventolin) 0.5 ml in 2.5 ml 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
- Ceftriaxone (Rocephin) 1 gm IV every 24 hours
- Levofloxacin (Levaquin) 750 mg IV every 24 hours (renal dosing)
- Enoxaparin (Lovenox) 40 mg subcutaneous daily (renal dosing)
- Lorazepam (Ativan)  0.5 mg PO every 6 hrs PRN  1 mg PO every 6 hrs PRN
- Famotidine (Pepcid) 20mg  IV twice daily  PO twice daily
- Pantoprazole (Protonix) 40mg IV 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 at bedtime 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

If Ondansetron ineffective, the Prochlorperazine (Compazine) 5mg IV every 6hrs PRN

**Standard Medications: (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 24 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 0.5 ml IM if patient more than 65 years
- Influenza Vaccination 0.5 ml IM if patient more than 50 years (October through March)

**Additional Meds:**

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
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