

COPD SS

Chronic Obstructive Pulmonary Disease Short Set

RESPIRATORY

Apply oxygen (O2) with defined parameters to maintain oxygen saturation on $\geq 88\%$ or ____%.

MEDICATIONS

Antibiotic medications [Evidence](#)

-If NO Pseudomonas risk with NO CAP (i.e. bronchitis) – Select CefTRIAxone only.

-If NO Pseudomonas risk with CAP - Select both CefTRIAxone and AZIthromycin.

-If NO Pseudomonas risk with NO CAP & pt has Beta Lactam allergy – Select Levofloxacin 500 mg.

-If NO Pseudomonas risk with CAP & pt has Beta Lactam allergy – Select Levofloxacin 750 mg.

-If Pseudomonas risk (i.e. - Structural lung disease, bronchiectasis, repeated COPD exacerbation) – Select either Cefepime and Levofloxacin 750 mg OR Cefepime and Tobramycin and AZIthromycin.

-If Pseudomonas risk & pt has Beta Lactam allergy – Select Levofloxacin 750 mg and Aztreonam.

AZIthromycin (Zithromax) 500 mg IVPB Q 24 Hrs. First dose STAT

Cefepime (Maxipime) 2 Gm IVPB Q 8 Hrs. First dose STAT

CefTRIAxone (Rocephin) 1 Gm IVPB Q 24 Hrs. First dose STAT

Levofloxacin (Levaquin) 500 mg IVPB Q 24 Hrs. Pharmacy to adjust dose per Renal Dosing Protocol. Indication: COPD

Levofloxacin (Levaquin) 750 mg IVPB Q 24 Hrs. Pharmacy to adjust dose per Renal Dosing Protocol. Indication: COPD

Tobramycin (Nebcin) IV Per Pharmacy protocol. Indication: COPD with Pseudomonas risk

Antibiotic medications: Aztreonam

RESTRICTION CRITERIA: Aztreonam (Azactam)

1) Pts with a DOCUMENTED IgE mediated Beta Lactam Allergy (bronchospasm, angioedema, severe rash)

Aztreonam (Azactam) 2 Gm IVPB Q 8 Hrs. First dose STAT. Pharmacy to adjust per renal dosing protocol. Indication: COPD

Respiratory medications: Bronchodilators [Evidence](#)

REMINDER: Consider the use of a metered-dose inhaler with spacer rather than continuous-flow nebulizer in the delivery of bronchodilator therapy [Evidence](#)

Respiratory medications: Beta - 2 Agonists + Anticholinergic Agents

Duoneb (albuterol 2.5 mg/ipratropium 0.5 mg) 3 mL via nebulizer Q 6 Hrs

Duoneb (albuterol 2.5 mg/ipratropium 0.5 mg) 3 mL via nebulizer Q 2 Hrs Prn wheezing

Respiratory medication: Beta - 2 Agonists

Albuterol (Proventil) 2.5 mg/0.5 mL via nebulizer Q 6 Hrs

Albuterol (Proventil) 2.5 mg/0.5 mL via nebulizer Q 2 Hrs Prn wheezing

Respiratory medications: Levalbuterol *Physician to select **ONE** dose only*

RESTRICTION CRITERIA: Levalbuterol (Xopenex) (please select one criteria if ordering)

Patients who were on levalbuterol PTA.

Patients who developed side effects to albuterol (Tachycardia, Tremors, etc.)

Patients who cannot take albuterol due to side effects (Tachycardia, tremors, etc.)

Other: _____

Levalbuterol (Xopenex) 0.63 mg via nebulizer Q 8 Hrs

Levalbuterol (Xopenex) 1.25 mg via nebulizer Q 8 Hrs

Respiratory medication: Anticholinergic Agents [Evidence](#)

Ipratropium (Atrovent) 0.5 mg via nebulizer Q 6 Hrs

Ipratropium (Atrovent) 0.5 mg via nebulizer Q 2 Hrs Prn wheezing

Respiratory medications: Systemic Corticosteroids *Physician to select **ONE** drug only* [Evidence](#)

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MEDITECH NAME: COPD-SS

MEDITECH MNEMONIC: PU.COPD

ZYNX= COPD02

SPONSOR: TRISH CRUZ/Dr. Hayat

V:\SJO Ordersets\Order Sets\RESPIRATORY\COPD

- PredniSONE (Deltasone) 40 mg Po daily
- MethylPREDNISolone (Solu-Medrol) 80 mg IV Push Q 8 Hrs

Respiratory medications: MDI Therapy *Physician to select **ONE** drug only*

- Beclomethasone (QVAR) 40 mCg/inhalation **MDI** 2 puffs BID
- Beclomethasone (QVAR) 40 mCg/inhalation **MDI** 4 puffs BID
- Budesonide (Pulmicort Flexhaler) 90 mCg/inhalation **DPI** 2 puffs BID
- Budesonide (Pulmicort Flexhaler) 90 mCg/inhalation **DPI** 4 puffs BID
- Advair (fluticasone/salmeterol) 250/50 **DPI** 1 puff BID
- Symbicort (budesonide/formoterol) 160 mCg/inhalation **MDI** 2 puffs BID

Respiratory medications: Smoking Cessation

****For smoking Hx < or = to 10 cigarettes/day, or pts < 45 Kg, or pts WITH cardiovascular disease, use 14 mg dose**

- Nicotine Transdermal Patch 14 mg/24 Hrs topically to chest wall daily

****For smoking Hx > 10 cigarettes/day, and pts > or = 45 Kg, and pts withOUT cardiovascular disease, use 21 mg dose**

- Nicotine Transdermal Patch 21 mg/24 Hrs topically to chest wall daily

Other medications: _____

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

MICROBIOLOGY

- Blood Cultures x2 from different sites
- Respiratory Culture (RC)

DIAGNOSTICS - Miscellaneous

- Pulmonary Function Screening

MD CONSULTS

REMINDER: Consider specialty referral: pulmonology [Evidence](#)

- Consult MD _____

REQUEST FOR SERVICES

- Consult Physical Therapy for evaluation and treatment for gait/balance, weight bearing status
- Consult Case Management for Home Health evaluation
- Consult Occupational Therapy for evaluation for treatment for ADLs and adaptive equipment training
- Outpatient Lung Program