<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>COPD Clinical Pathway</th>
<th>Pharmacy Mnemonic: COPD</th>
</tr>
</thead>
</table>

1. **Diagnosis:** COPD

2. **Initiate COPD Clinical Path.** Record weight and height upon admission, then daily weight.

3. **Vital signs q 4 hrs for first 24 hrs, then q 4 hrs while awake next day, then progressing to four times daily.**

4. **Diet:**

   - 2 gram NA
   - General Healthful
   - Regular
   - Other: Encourage fluids unless restricted.

5. **INT and flush PRN**

6. **IV Fluids:**

   - at mL per hr.

7. **May ambulate in room with O₂, walker, sit in chair, or use bedside commode chair. Rest periods before and after.**

8. **Better breathing exercises PRN.**

9. **Lab:**

   - H&H or CBC w/diff
   - Electrolytes or BMP or CMP
   - Theophylline level
   - Dig level
   - Sputum culture

10. **X-ray:**

    - EKG
    - Chest X-ray
    - Chest X-ray Indication:

11. **Medication:**

    **Administer medication utilizing range order guideline.**

    **Antibiotics:**

    - Vancomycin 15mg/kg 20mg/kg IVPB q12 hours and consult pharmacy for vancomycin dosing
    - Zosyn (piperacillin-tazobactam) 3.375g 4.5g IVPB q8h OR q6h
    - Cipro (ciprofloxacin) 400 mg IVPB q12h OR q24h
    - Levaquin (levofloxacin) 500mg 750mg IVPB q24h
    - Rocephin (ceftriaxone) 1gm 2gm IVPB q24h
    - Zithromax (azithromycin) 500mg IVPB q24h
    - Cleocin (clindamycin) 600mg 900 mg IVPB q8h
    - Merrem (meropenem) 1gm IVPB q8h
    - Vibramycin (doxycycline) 100mg PO IVPB q12h

    **Other:**

    - Solu-Medrol (methylprednisolone) mg IV push q hrs.
    - Deltasone (prednisone) mg PO q hrs.
    - Tylenol ES (acetaminophen) 500 mg PO q 6 hrs PRN temp > 101 or mild pain (0.1 – 3 on the numeric pain intensity scale)

    **DO NOT EXCEED 3 grams of acetaminophen in 24 hrs.**

    Laxative of choice PRN constipation.

    Complete Pneumococcal Order Set. *(See Pneumococcal Polysaccharide Vaccine and Influenza Vaccine Form)*
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<tbody>
<tr>
<td></td>
<td>11. Consults: Cardiac Pulmonary Rehab - COPD Clinical Path;</td>
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<tr>
<td></td>
<td>Respiratory Therapy: COPD Clinical Path <em>(Call or page RT supervisor on evening or nights.)</em></td>
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<tr>
<td></td>
<td>1.) O₂ at 2 to 5 liters per min via nasal biprong or mask to keep SPO₂ &gt; 88 to 92%;</td>
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<td>CPAP, BIPAP, or Hi Flow Cannula PRN keep SPO₂ &gt; 88 to 92%.</td>
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<td>2.) ABG if respiratory rate greater than 30 or SPO₂ less than 90%.</td>
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<td>3.) HHN UDA/UDP Q 4 hrs and PRN shortness of breath.</td>
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<td>Pharmacy: ☐ Pharmacy to identify and list home meds</td>
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<td>Social Work: Smoking Cessation</td>
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**DOCTOR'S ORDERS**

**BOTTOM EDGE OF PATIENT LABEL**

REV 10/14; SD40-3