



Physician Orders ADULT
Order Set: Chronic Obstructive Pulmonary Disease
Orders

attach patient label here

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Outpatient	
Outpatient Status/Service: <input type="checkbox"/> OP-Ambulatory <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
NOTE to MD:		
<u>Initial status – inpatient</u> --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
<u>Initial Status Outpatient – Ambulatory surgery</u> – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none">• Routine recovery after outpatient surgery is estimated at 6-8 hours.• “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain.• For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”.• Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries.		
<u>Initial status Outpatient -Observation Services</u> – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none">• In some cases (for Medicare patients), this can be extended to 48 hours.• Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.		
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q2h(std)
Activity		
<input type="checkbox"/>	Out Of Bed (Activity As Tolerated)	T;N
<input type="checkbox"/>	Out Of Bed (Up)	T;N, With Assistance
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Bedrest w/BRP	T;N
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Regular Adult Diet	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	1800 Calorie ADA Diet (ADA Diet 1800 Calorie)	
<input type="checkbox"/>	American Heart Association Diet (AHA Diet)	Start at: T;N





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Patient Care		
<input type="checkbox"/>	Smoking Cessation Advice/Counseling	T;N
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N,q4day
<input type="checkbox"/>	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	T;N, achs
Respiratory Care		
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect)	T;N Stat once
<input type="checkbox"/>	Nasal Cannula	T;N, 2 L/min, Special Instructions: Titrate to keep O2 saturation \geq 92%
<input type="checkbox"/>	Venti Mask	T;N, 24 %, Special Instructions: Titrate to keep O2 saturation \geq 92%
<input type="checkbox"/>	Oxygen Saturation-Spot Check (RT)	T;N q-shift
<input type="checkbox"/>	Oxygen Saturation-Continuous Monitoring (RT)	T;N q4h(std)
<input type="checkbox"/>	Bedside Spirometry (Pulm Funct Test)	T;N
<input type="checkbox"/>	Chest Percussion (RT)	T;N q4h-Awake
Continuous Infusions		
<input type="checkbox"/>	Sodium Chloride 0.9%	1,000 mL, IV, Routine, 75 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9% KCl 20 mEq	1,000 mL,IV,Routine,T;N,75 mL/hr
<input type="checkbox"/>	D51/2 NS KCl 20 mEq	1,000 mL,IV,Routine,T;N,75 mL/hr
<input type="checkbox"/>	Dextrose 5% with 0.45% NaCl	1,000 mL,IV,Routine,T;N,75 mL/hr
<input type="checkbox"/>	Dextrose 5% in Water	1,000 mL,IV,Routine,T;N,75 mL/hr
<input type="checkbox"/>	D5W KCl 20 mEq	1,000 mL,IV,Routine,T;N,75 mL/hr
Medications		
<input type="checkbox"/>	methyIPREDNISolone	125 mg, Injection, IV Push, q6h, Routine
<input type="checkbox"/>	azithromycin	500 mg,Injection,IV Piggyback,q24h,Routine,T;N
<input type="checkbox"/>	amoxicillin-clavulanate	875 mg, Tab, PO, q12h, Routine
<input type="checkbox"/>	cefuroxime	500 mg,Tab,PO,q12h,Routine,T;N
<input type="checkbox"/>	ceftriaxone	1 g,IV Piggyback,IV Piggyback,q24h,Routine,T;N
<input type="checkbox"/>	albuterol	2.5 mg,Inh Soln,NEB,q4h,Routine,T;N
<input type="checkbox"/>	albuterol	2.5 mg, Inh Soln, NEB, q2h, PRN Shortness of Breath, Routine
<input type="checkbox"/>	ipratropium	0.5 mg,Inh Soln,NEB,q4h,Routine,T;N
<input type="checkbox"/>	ipratropium	0.5 mg, Inh Soln, NEB, q2h, PRN Shortness of Breath, Routine



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Medications continued		
<input type="checkbox"/>	albuterol	180 mcg,MDI,INH,q6h,Routine,T;N,(180 mcg = 2 Puffs) Comment: 2 puffs
<input type="checkbox"/>	albuterol	180 mcg, MDI, INH, q2h, PRN Shortness of Breath, Routine, (180 mcg = 2 Puffs)
<input type="checkbox"/>	ipratropium	34 mcg,MDI,INH,q6h,Routine,T;N,(34 mcg = 2 Puffs)
<input type="checkbox"/>	ipratropium	34 mcg, MDI, INH, q2h, PRN Shortness of Breath, Routine, (34 mcg = 2 Puffs)
<input type="checkbox"/>	albuterol-ipratropium	2 puff,MDI,INH,qid,Routine,T;N
<input type="checkbox"/>	salmeterol	50 mcg,MDI,INH,bid,Routine,T;N,(50 mcg = 1 Puff)
<input type="checkbox"/>	tiotropium	18 mcg,MDI,INH,QDay,Routine,T;N,(18 mcg = 1 Puff)
<input type="checkbox"/>	budesonide	360 mcg,MDI,INH,bid,Routine,T;N,(360 mcg = 2 Puffs)
<input type="checkbox"/>	fluticasone (fluticasone 110 mcg/inh inhalation aerosol)	110 mcg, MDI, INH, bid, Routine, (110 mcg = 1 Puff)
<input type="checkbox"/>	fluticasone-salmeterol (fluticasone-salmeterol 250 mcg-50 mcg inh)	1 puff, MDI, INH, bid, Routine, Comment: 250/50 dosage
<input type="checkbox"/>	formoterol	12 mcg,MDI,INH,bid,Routine,T;N,(12 mcg = 1puff)
<input type="checkbox"/>	arformoterol	15 mcg, Inh Soln, NEB, q12h, Routine
<input type="checkbox"/>	guaifenesin (guaifenesin extended release)	1,200 mg, ER Tablet, PO, bid, Routine
<input type="checkbox"/>	Insulin Sliding Scale Protocol Orders (Print separate orders)	
<input type="checkbox"/>	VTE Prophylaxis (MEDICAL) Orders (Print separate orders)	
Laboratory		
<input type="checkbox"/>	CBC	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Magnesium Level	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Phosphorus Level	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	BNP Pro	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	CK	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Troponin-I	T;N,Routine,once,Type: Blood
<input type="checkbox"/>	Respiratory Culture and Gram Stain	T;N, Routine, Specimen Source: Sputum, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: Chronic Obstructive Pulmonary Disease, Routine, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Reason for Exam: Chronic Obstructive Pulmonary Disease, Routine, Stretcher
<input type="checkbox"/>	CT Thorax WO Cont	T;N, Reason for Exam: COPD, Routine, Stretcher
<input type="checkbox"/>	NM Pulm Perf Image Particulate Vent&Re (Lung Scan)	T;N, Reason for Exam: SOB(Shortness of Breath), Routine, Stretcher
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N. Priority: Routine. COPD



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Consults/Notifications	
<input type="checkbox"/>	Physical Therapy Initial Eval and Tx T;N, Routine
<input type="checkbox"/>	Occupational Therapy Initial Eval and Tx T;N, Routine

Date	Time	Physician's Signature	MD Number
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