

| | Orders Phase ets/Protocols/PowerPlans |
|----------------|---|
| | Initiate Powerplan Phase |
| | Phase: Chronic Obstructive Pulmonary Disease Phase, When to Initiate: |
| | c Obstructive Pulmonary Disease Phase |
| _ | ategorized |
| A dunio | Add To Problem List |
| Admiss | sion/Transfer/Discharge |
| | Patient Status Initial Outpatient T;N Attending Physician: |
| | Reason for Visit: |
| | Reason for Visit: |
| _ | Outpatient Status/Service: OP OBSERVATION Services |
| Ш | Patient Status Initial Inpatient |
| | T;N Admitting Physician: |
| | Bed Type: Specific Unit: |
| | Care Team: Anticipated LOS: 2 midnights or more |
| | Notify Physician-Once |
| \ <i>r</i> : | Notify: physician, Notify For: of room number upon arrival to unit |
| Vital Si | |
| Ш | Vital Signs Monitor and Record T,P,R,BP, q2h(std) |
| Activity | |
| | Activity As Tolerated |
| | Up |
| | With Assistance |
| | Bedrest |
| | Bedrest w/BRP |
| _ | lutrition |
| | NPO |
| | Regular Adult Diet |
| | Clear Liquid Diet Start at: T;N |
| | Consistent Carbohydrate Diet Caloric Level: 1800 Calorie |
| | AHA Diet |
| Patient | Care |





| ☑ | Smoking Cessation Advice/Counseling Motivational coaching and clinic appointment. | | | |
|-------------------------|---|--|--|--|
| | INT Insert/Site Care q4day | | | |
| | Bedside Glucose Nsg achs | | | |
| Respi | ratory Care | | | |
| | ABG- RT Collect T;N Stat once | | | |
| | | | | |
| | O2-BNC | | | |
| | 2 L/min, Special Instructions: Titrate to keep O2 saturation =/> 92% Comments: O2 sat spot check will be done as needed to maintain oxygen level unless otherwise indicated by the physician. | | | |
| | O2-Venturi Mask 24 %, Special Instructions: Titrate to keep O2 saturation =/> 92% | | | |
| | Oxygen Saturation-Spot Check (RT) q-shift | | | |
| | | | | |
| | Spirometry, bedside (Pulmonary Func Test) | | | |
| | Chest Percussion (RT) g4h-Awake | | | |
| ☑ | RT Consult Reason COPD Respiratory Therapy Specialist | | | |
| $\overline{\mathbf{A}}$ | RT Consult | | | |
| | Reason Other; See Special Instruction, Special Instructions: Home O2 assessment 24 hrs prior to discharge. | | | |
| Contir | nuous Infusion | | | |
| | Sodium Chloride 0.9% 1,000 mL, IV, Routine, 75 mL/hr | | | |
| | | | | |
| | D5 1/2 NS KCI 20 mEq/L 1,000 mL, IV, Routine, 75 mL/hr | | | |
| | Dextrose 5% with 0.45% NaCl 1,000 mL, IV, Routine, 75 mL/hr | | | |





| | Dextrose 5% in Water | | | | | |
|--|---|--|--|--|--|--|
| _ | 1,000 mL, IV, Routine, 75 mL/hr | | | | | |
| | D5W KCL 20 mEq/ L | | | | | |
| Medica | 1,000 mL, IV, Routine, 75 mL/hr edications | | | | | |
| | | | | | | |
| | 40 mg, Tab, PO, QDay, Routine | | | | | |
| | +1 Hours predniSONE | | | | | |
| | 30 mg, Tab, PO, QDay, Routine | | | | | |
| | +1 Hours SOLUMedrol | | | | | |
| _ | 125 mg, Injection, IV, q6h, Routine | | | | | |
| ☐ +1 Hours azithromycin | | | | | | |
| | 500 mg, Injection, IV Piggyback, q24h, Routine | | | | | |
| +1 Hours amoxicillin-clavulanate 875 mg-125 mg oral tablet | | | | | | |
| | 875 mg, Tab, PO, q12h, Routine | | | | | |
| ш | +1 Hours Ceftin 500 mg, Tab, PO, q12h, Routine | | | | | |
| П | +1 Hours cefTRIAXone | | | | | |
| | 1 g, IV Piggyback, IV Piggyback, q24h, Routine | | | | | |
| $\overline{\checkmark}$ | +1 Hours albuterol | | | | | |
| | 2.5 mg, Inh Soln, NEB, q4h, Routine | | | | | |
| $\overline{\mathbf{A}}$ | +1 Hours albuterol | | | | | |
| _ | 2.5 mg, Inh Soln, NEB, q2h, PRN Shortness of Breath, Routine | | | | | |
| +1 Hours ipratropium | | | | | | |
| | 0.5 mg, Inh Soln, NEB, q4h, Routine | | | | | |
| | +1 Hours ipratropium | | | | | |
| | 0.5 mg, Inh Soln, NEB, q2h, PRN Shortness of Breath, Routine | | | | | |
| ш | +1 Hours albuterol 180 mcg, MDI, INH, q6h, Routine, (180 mcg = 2 Puffs) | | | | | |
| | Comments: 2 puffs | | | | | |
| | +1 Hours albuterol | | | | | |
| | 180 mcg, MDI, INH, q2h, PRN Shortness of Breath, Routine, (180 mcg = 2 Puffs) | | | | | |
| | +1 Hours Serevent Diskus | | | | | |
| _ | 50 mcg, MDI, INH, bid, Routine, (50 mcg = 1 puff) | | | | | |
| | = +1 110d13 badesoriae formoteror 100 meg 4.5 meg/iiii iiiilalation acrosor | | | | | |
| | 2 puff, MDI, INH, bid, Routine | | | | | |
| | +1 Hours tiotropium | | | | | |
| | 18 mcg, MDI, INH, QDay, Routine, (18 mcg = 1 Puff) | | | | | |





| | +1 Hours arformoterol | | | | | |
|--------|---|--|--|--|--|--|
| | 15 mcg, Inh Soln, NEB, q12h, Routine +1 Hours budesonide | | | | | |
| | 0.5 mg, Inh Soln, NEB, bid, Routine | | | | | |
| | +1 Hours guaiFENesin extended release 1,200 mg, ER Tablet, PO, bid, Routine | | | | | |
| | VTE MEDICAL Prophylaxis Plan(SUB)* | | | | | |
| | Insulin SENSITIVE Sliding Scale Plan(SUB)* | | | | | |
| | | | | | | |
| | Insulin RESISTANT Sliding Scale Plan(SUB)* | | | | | |
| Labora | atory | | | | | |
| | CBC | | | | | |
| | Routine, T;N, once, Type: Blood BMP | | | | | |
| _ | Routine, T;N, once, Type: Blood | | | | | |
| Ш | CMP | | | | | |
| | Routine, T;N, once, Type: Blood | | | | | |
| П | Magnesium Level Routine, T;N, once, Type: Blood | | | | | |
| | Phosphorus Level | | | | | |
| | Routine, T;N, once, Type: Blood | | | | | |
| | BNP | | | | | |
| | Routine, T;N, once, Type: Blood | | | | | |
| | BNP Pro | | | | | |
| | Routine, T;N, once, Type: Blood CK | | | | | |
| | Routine, T;N, once, Type: Blood | | | | | |
| | | | | | | |
| _ | Routine, T;N, once, Type: Blood | | | | | |
| | Respiratory Culture and Gram Stain | | | | | |
| Diagno | Routine, T;N, Specimen Source: Sputum, Nurse Collect gnostic Tests | | | | | |
| | Chest 1VW Frontal | | | | | |
| | T;N, Reason for Exam: Chronic Obstructive Pulmonary Disease, Routine, Portable | | | | | |
| | | | | | | |
| _ | T;N, Reason for Exam: Chronic Obstructive Pulmonary Disease, Routine, Stretcher | | | | | |
| | EKG | | | | | |
| | 1 188181 11881 11881 1181 11 | | | | | |





| Date | Time | Physician's Signature | MD Number | | | | | |
|---|--|-----------------------|-----------|--|--|--|--|--|
| | | | | | | | | |
| | Reason: Discharge Planning, Assist with discharge meds and discharge planning. | | | | | | | |
| $\overline{\mathbf{A}}$ | - Caco management concur | | | | | | | |
| | | | | | | | | |
| $\overline{\mathbf{Z}}$ | Medical Social Work Consult | | | | | | | |
| | Occupational Therapy Initial Eval and | Тх | | | | | | |
| Special Instructions: Evaluate for pulmonary rehab, 0 | | | | | | | | |
| $\overline{\mathbf{A}}$ | Physical Therapy Initial Eval and Tx | | | | | | | |
| Consu | Consults/Notifications/Referrals | | | | | | | |
| | CT Thorax W Cont Plan(SUB)* | | | | | | | |
| | CT Thorax WO Cont | | | | | | | |
| | Start at: T;N, Priority: Routine | e, COPD | | | | | | |

*Report Legend:

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

