



For Back Up Use

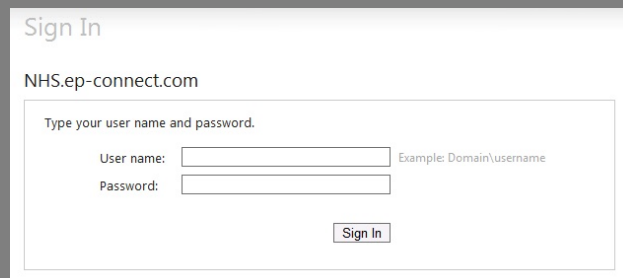
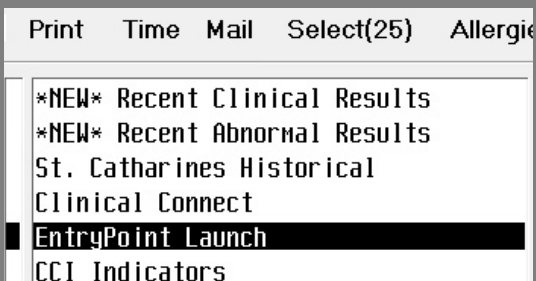
This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

**For daily use, please access the version on
EntryPoint**

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for “EntryPoint Launch” and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.



Height _____ cm Weight _____ kg

Allergies _____

Emergency Department (ED) Acute Exacerbation of COPD Order Set (Not to be used for exacerbations secondary to Pneumonia)		M	K	O
Orders Processed Date (dd/mm/yyyy)	Advance Directives/Code Status QBP QBP Code Status: <input type="checkbox"/> Full Resuscitation <input type="checkbox"/> _____			
Time (hhmm)	Consult <input type="checkbox"/> Dr. _____ <input type="checkbox"/> Other: _____			
By	Vitals and Respiratory <input type="checkbox"/> Temp, HR, RR, BP, SpO ₂ q1h x4 then reassess <input type="checkbox"/> Continuous SpO ₂ monitoring <input type="checkbox"/> Titrate O ₂ to keep SpO ₂ greater than 92% OR <input type="checkbox"/> Titrate O ₂ to keep SpO ₂ between 88% and 92% <input type="checkbox"/> Page Respiratory therapist for BiPAP Therapy (Parameters: IPAP 10 – 22 cmH ₂ O, EPAP 5 – 14 cmH ₂ O titrate pressure and FiO ₂ to patient response)			
Status	Lab Investigations (if not done already) <input checked="" type="checkbox"/> CBC QBP <input checked="" type="checkbox"/> Na, K, Cl, TCO ₂ QBP <input checked="" type="checkbox"/> Creatinine QBP <input checked="" type="checkbox"/> Urea QBP <input checked="" type="checkbox"/> Glucose <input checked="" type="checkbox"/> VBG QBP <input type="checkbox"/> Urinalysis – Routine			
Processing Reviewed by	Diagnostics <input checked="" type="checkbox"/> CXR PA+ Lateral OR <input type="checkbox"/> CXR Portable <input checked="" type="checkbox"/> ECG QBP <input type="checkbox"/> Other: _____			
Status	Fluids and Electrolytes <input type="checkbox"/> _____ mL IV bolus over _____ THEN _____ <input type="checkbox"/> Other: _____			
Faxed by	Bronchodilator Therapy (MDI's via spacer device) <p style="text-align: center;">Current evidence clearly recommends the use of MDI with spacers in AECOPD over nebulizers, including better infection control.</p> <input checked="" type="checkbox"/> salbutamol (100 micrograms) MDI <input checked="" type="checkbox"/> 5 puffs inhalation, q20min PRN (Max 3 doses) THEN 2 puffs q1 – 4h PRN <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> ipratropium (20 micrograms) MDI <input checked="" type="checkbox"/> 5 puffs inhalation, q20min PRN (Max 3 doses) THEN 2 puffs q4h PRN <input type="checkbox"/> Other: _____			
	Corticosteroids <input checked="" type="checkbox"/> predni S ONE 50 mg PO x1 dose OR <input type="checkbox"/> methyl P REDNISolone 40 mg IV x1 dose QBP			

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm)



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Rev. 11/2016/M1 ORD192

Height _____ cm Weight _____ kg

Allergies _____

Emergency Department (ED) Acute Exacerbation of COPD Order Set (Not to be used for exacerbations secondary to Pneumonia)		M	K	O																								
Orders Processed Date (dd/mm/yyyy) Time (hhmm) By Status	Antibiotic Therapy Simple Exacerbation of COPD QBP <input type="checkbox"/> azithromycin 500 mg PO x1 dose NOW OR <input type="checkbox"/> cefuroxime 500 mg PO x1 dose NOW Complicated Exacerbation of COPD QBP <input type="checkbox"/> if CrCl greater than 30 mL/min: amoxicillin/clavulanic acid 875 mg/125 mg PO x1 dose <input type="checkbox"/> if CrCl less than or equal to 30 mL/min: amoxicillin/clavulanic acid 500 mg/125 mg PO x1 dose OR If less than 100 kg If greater than/equal to 100 kg <input type="checkbox"/> cef TRIA Xone 1g IV x1 dose <input type="checkbox"/> cef TRIA Xone 2 g IV x1 dose OR If severe penicillin allergy (anaphylaxis, angioedema, bronchospasm) ***Use with caution. Fluoroquinolones carry an increased risk for the development of c-diff*** <input type="checkbox"/> levo FLO Xacin 750 mg <input type="checkbox"/> PO OR <input type="checkbox"/> IV x1 NOW (further therapy frequency/dose to be guided by CrCl)																											
Processing Reviewed by Status	If Discharged from the ED <input checked="" type="checkbox"/> Provide prescription for further Steroid, Antibiotic and Bronchodilator therapy <input checked="" type="checkbox"/> Document regular provider (Family Doctor, Respirologist or local clinic) below: _____ (consider Respirology referral if never done) <input checked="" type="checkbox"/> Advise patient to follow up with regular provider within 2 – 5 days and when to return to ED <input checked="" type="checkbox"/> Fax ED chart to regular provider for follow up <input checked="" type="checkbox"/> Advise on Smoking Cessation if appropriate and refer to local resources if applicable																											
Faxed by	Additional Orders _____ _____ _____																											
	Further Outpatient Treatment Recommendations: - amoxicillin/clavulanic acid in PO for 5 days - levo FLO Xacin PO (If severe PCN Allergy) x5 days <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px dotted black;">CrCl (ml/min)</th> <th style="text-align: left; border-bottom: 1px dotted black;">Dose (mg/mg)</th> <th style="text-align: left; border-bottom: 1px dotted black;">Frequency</th> <th style="text-align: left; border-bottom: 1px dotted black;">CrCl (ml/min)</th> <th style="text-align: left; border-bottom: 1px dotted black;">Dose (mg)</th> <th style="text-align: left; border-bottom: 1px dotted black;">Frequency</th> </tr> </thead> <tbody> <tr> <td>More than 30</td> <td>875/125</td> <td>q12h</td> <td>50 or more</td> <td>750</td> <td>q24h</td> </tr> <tr> <td>10 – 30</td> <td>500/125</td> <td>q12h</td> <td>20 – 49</td> <td>750</td> <td>q48h</td> </tr> <tr> <td>Less than 10</td> <td>500/125</td> <td>q24h</td> <td>Less than 20</td> <td>500</td> <td>q48h</td> </tr> </tbody> </table> - azithromycin 250 mg PO daily for 5 days - cefuroxime 500 mg PO q12h for 7 days - predni SONE 25 – 50 mg PO daily in am with food for 7 days	CrCl (ml/min)	Dose (mg/mg)	Frequency	CrCl (ml/min)	Dose (mg)	Frequency	More than 30	875/125	q12h	50 or more	750	q24h	10 – 30	500/125	q12h	20 – 49	750	q48h	Less than 10	500/125	q24h	Less than 20	500	q48h			
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