Select orders by placing a (✓) in the associated box

<table>
<thead>
<tr>
<th>Date (dd-Mon-yyyy)</th>
<th>Time (hh:mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ To be added to General Admission Orders</td>
<td></td>
</tr>
<tr>
<td>✓ Notify Primary Care Provider on next business day</td>
<td></td>
</tr>
<tr>
<td>□ O₂ Therapy - titrate to maintain SpO2 between 88-92%. Reassess daily.</td>
<td></td>
</tr>
<tr>
<td>□ O₂ Therapy - titrate to maintain SpO2 between ___________ %</td>
<td></td>
</tr>
<tr>
<td>✓ Ambulate - Early Mobilization (done within 48 hours)</td>
<td></td>
</tr>
</tbody>
</table>

**Initial Investigations (If not done in Emergency Department or if otherwise clinically indicated)**

- Chest X-ray PA and Lateral (GR Chest, 2 Projections)
- Electrocardiogram
- Sputum bacterial culture x 1

*If ordered, refer to Infection Prevention and Control (IPC) guidelines.*

- Nasopharyngeal swab for Respiratory Virus Panel if the following criteria are met:
  - Influenza-like-illness screen requirements: acute onset of NEW cough or change in an existing cough PLUS one or more of the following: fever, sore throat, arthralgia (joint pain), myalgia (muscle aches), prostration (severe exhaustion).
  - No swab has been done within the previous 48 hours
- Complete Blood Count (CBC) with differential daily x 3 days then reassess
- INR, PTT, albumin
- Blood Gas Arterial (choose one)
  - on room air
  - on oxygen ________ litres per minute
- theophylline trough level (consider only if signs and symptoms of toxicity)
- Obtain previous spirometry/PFT reports
- Bedside spirometry (consider if previous spirometry/PFT not available)

**Medications - refer to Medication Reconciliation before initiating below medications**

**Acute Bronchodilators (choose one below)**

<table>
<thead>
<tr>
<th>Metered Dose Inhaler (preferred option) (check all that apply)</th>
<th>Nebulization Therapy (check all that apply) (Formulary restricted to patients who CANNOT be treated with MDI with spacer.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ salbutamol 100 mcg MDI 2 puffs inhaled every 4 hours with spacer</td>
<td>If on contact droplet isolation, administer with airborne precautions as an aerosol generating medical procedure (AGMP)</td>
</tr>
<tr>
<td>□ salbutamol 100 mcg MDI 2 puffs inhaled every 1 hour PRN with spacer for shortness of breath</td>
<td>□ salbutamol 2.5 mg inhaled by nebulizer every 4 hours</td>
</tr>
<tr>
<td></td>
<td>□ salbutamol 2.5 mg inhaled by nebulizer every 1 hour PRN for shortness of breath</td>
</tr>
<tr>
<td></td>
<td>□ ipratropium 250 mcg inhaled by nebulizer every 4 hours</td>
</tr>
</tbody>
</table>

Prescriber Name *(print)* | Prescriber Signature | Designation
Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) Admission Adult

Date (dd-Mon-yyyy) Time (hh:mm)

Maintenance Therapy (please keep in mind patient's medication prior to admission)
See reverse for available maintenance inhalers.

☐ Inhaled long-acting muscarinic antagonists (LAMA) (drug name, strength, delivery device, dose, route, and frequency)

☐ Inhaled corticosteroid/Long-acting beta-agonist (ICS-LABA) (drug name, strength, delivery device, dose, route, and frequency)

☐ Other

☐ Refer to Nicotine Replacement Therapy Order Set

☐ OR Nicotine replacement therapy (drug name, dose, route, and frequency)

Antibiotics (If the patient received antibiotics in the last three months, choose a different antibiotic class and tailor antibiotics based on available sputum culture results) Choose one:

Complicated COPD: FEV1 less than 50% predicted, 4 or more exacerbations per year, ischemic heart disease, chronic oral steroid.

Choose one (if applicable)

☐ amoxicillin 875 mg/clavulanate 125 mg PO BID x 7 days

☐ cefUROXime 500 mg PO BID x 7 days

☐ levoFLOXacin 750 mg PO Daily x 5 days

Simple COPD

Choose one (if applicable)

☐ amoxicillin 1 gram PO TID x 7 days

☐ doxycycline 200 mg PO NOW then doxycycline 100 mg PO BID x 7 days

☐ sulfamethoxazole 800 mg/trimethoprim 160 mg PO BID x 7 days

Alternatives for Simple COPD:

Choose one (if applicable)

☐ AZIthromycin 500 mg PO Daily x 3 days

☐ clarithromycin XL 1gram PO daily x 7 days

☐ other ____________________________

Corticosteroids

☐ predniSONE __________________ (recommend 40mg or 50mg PO daily) x _________ days

(recommended for 5-10 days)

☐ Other _________________________________

Prior to Discharge (If indicated, when the patient is no longer febrile or acutely ill, with verbal informed consent)

☐ Influenza vaccine 0.5 mL IM x 1

(during influenza season, if NOT already vaccinated)

☐ Pneumococcal polysaccharide vaccine 0.5 mL IM x 1 (review vaccine history and eligibility criteria)

Prescriber Name (print) Prescriber Signature Designation
# Maintenance Inhaler Therapy

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand</th>
<th>Available Strengths</th>
<th>Delivery Device</th>
<th>Ordering Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long-Acting Muscarinic Antagonists (LAMA)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tiotropium</td>
<td>Spiriva HandiHaler</td>
<td>18 mcg/dose</td>
<td>DPI</td>
<td>1 puff daily</td>
</tr>
<tr>
<td>tiotropium</td>
<td>Spiriva Respimat</td>
<td>2.5 mcg/dose</td>
<td>SMI</td>
<td>2 puffs daily</td>
</tr>
<tr>
<td>aclidinium</td>
<td>Tudorza Genuair</td>
<td>400 mcg/dose</td>
<td>DPI</td>
<td>1 puff BID</td>
</tr>
<tr>
<td>glycopyrronium</td>
<td>Seebri Breezhaler</td>
<td>50 mcg/dose</td>
<td>DPI</td>
<td>1 puff daily</td>
</tr>
<tr>
<td>umeclidinium</td>
<td>Incruse Ellipta</td>
<td>62.5 mcg/dose</td>
<td>DPI</td>
<td>1 puff daily</td>
</tr>
<tr>
<td><strong>Long-Acting Beta-Agonists (LABA)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>salmeterol</td>
<td>Serevent Diskus</td>
<td>50 mcg/dose</td>
<td>DPI</td>
<td>1 puff BID</td>
</tr>
<tr>
<td>formoterol</td>
<td>Oxeze Turbuhaler</td>
<td>6 mcg/dose</td>
<td>DPI</td>
<td>1-2 puffs BID</td>
</tr>
<tr>
<td>indacaterol</td>
<td>Onbrez Breezhaler</td>
<td>75 mcg/dose</td>
<td>DPI</td>
<td>1 puff daily</td>
</tr>
<tr>
<td><strong>Combination LAMA-LABA</strong> (Restricted use: see criteria 1, 2 below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>glycopyrronium-indacaterol</td>
<td>Ultibro Breezhaler</td>
<td>50 mcg-110 mcg/dose</td>
<td>DPI</td>
<td>1 puff daily</td>
</tr>
<tr>
<td>aclidinium-formoterol</td>
<td>Duaklir Genuair</td>
<td>400 mcg-12 mcg/dose</td>
<td>DPI</td>
<td>1 puff BID</td>
</tr>
<tr>
<td>tiotropium-olodaterol</td>
<td>Inspirolo Respimat</td>
<td>2.5 mcg-2.5 mcg/dose</td>
<td>SMI</td>
<td>2 puffs daily</td>
</tr>
<tr>
<td>umeclidinium-vilanterol</td>
<td>Anoro Ellipta</td>
<td>62.5 mcg-25 mcg/dose</td>
<td>DPI</td>
<td>1 puff daily</td>
</tr>
<tr>
<td><strong>Combination Inhaled corticosteroid - Long-Acting beta-agonist (ICS-LABA)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluticasone propionate-salmeterol</td>
<td>Advair Diskus</td>
<td>500 mcg-50 mcg/dose</td>
<td>DPI</td>
<td>1 puff BID</td>
</tr>
<tr>
<td></td>
<td></td>
<td>250 mcg-50 mcg/dose</td>
<td>DPI</td>
<td>1 puff BID</td>
</tr>
<tr>
<td>mometasone-formoterol</td>
<td>Zenhale</td>
<td>200 mcg-5 mcg/dose</td>
<td>MDI MDI</td>
<td>1-2 puffs BID</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100 mcg-5 mcg/dose</td>
<td>MDI MDI</td>
<td>1-2 puffs BID</td>
</tr>
<tr>
<td>budesonide-formoterol</td>
<td>Symbicort Turbuhaler</td>
<td>200 mcg-6 mcg/dose</td>
<td>DPI</td>
<td>2 puffs BID</td>
</tr>
<tr>
<td>fluticasone furoate-vilanterol</td>
<td>Breo Ellipta</td>
<td>100 mcg-25 mcg/dose</td>
<td>DPI</td>
<td>1 puff daily</td>
</tr>
<tr>
<td><strong>Combination ICS-LAMA-LABA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluticasone furoate-umeclidinium-vilanterol</td>
<td>Trelegy Ellipta</td>
<td>100 mcg-62.5 mcg-25 mcg/dose</td>
<td>DPI</td>
<td>1 puff daily</td>
</tr>
</tbody>
</table>

**Restriction Criteria:** Only use identified medication for,
1. Maintenance treatment of moderate to severe COPD (i.e., FEV1 less than 80% predicted) **AND** inadequate response to a long-acting bronchodilator, **OR**
2. Maintenance treatment of severe COPD (i.e., FEV1 less than 50% predicted).
3. Long-term maintenance treatment of COPD, including bronchitis and/or emphysema in patients who are not controlled on optimal dual inhaled therapy (i.e. LAMA-LABA or ICS-LABA)

*Source: AHS Provincial Drug Formulary*

**Legend**
- DPI – Dry powder inhaler
- MDI – Metered dose inhaler
- SMI – Soft mist inhaler

**Version Date:** April 14, 2021
Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) Admission
Adult

Additional Admission Orders
### Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) Admission Adult Transition to Community Care Admission to Discharge Checklist

<table>
<thead>
<tr>
<th>Date (dd-Mon-yyyy)</th>
<th>Time (hh:mm)</th>
<th>Completed</th>
<th>Not indicated*</th>
<th>Initials</th>
</tr>
</thead>
</table>

#### Consultations

- Screen for Malnutrition
- Screen for Frailty
- Screen for Cognitive status
- Refer to Transition/Discharge Services if anticipated need at discharge
- Inform Respiratory Therapy of patient admission & referral for assessment of Home Oxygen requirements
- Activate COPD Education Team
- Consider involving the following healthcare providers as necessary:
  - Social Worker
  - Speech Language Pathologist for swallow assessment

#### COPD Education and Self-Care Instructions – *use teach-back technique to reinforce learning*

- **Ambulate – Early Mobilization** *(done within 48 hours)*
  - Provide and review COPD education resources with patient/caregiver
  - Inhaler Techniques
  - COPD Medicines
  - COPD: Learning to Breathe Easier
  - COPD: Avoiding your Triggers
- Patient demonstrates proper inhaler technique

#### Discharge Plan

- Complete Discharge Management Plan

#### Follow-up as Required

- Assess tobacco use of patient
  - Provide tobacco cessation counselling and resources where appropriate
  - Refer to tobacco cessation program where appropriate
- Notify Primary Care Provider of discharge *(include designated supportive living and home care, where appropriate)*
- Provide Primary Care Provider with Discharge Summary and AECOPD Discharge Management Plan *(Form 21045)*

*Check ‘Not Indicated’ only if item would NOT benefit the patient. Identify reason by placing a (✓) in the appropriate box

- Recently completed
- End-of-life
- Deceased
- Service/assessment is unavailable
- Other, Specify reason(s): __________________________________________________________

---

21043 (Rev2021-05)
**Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) Admission Adult Discharge Management Plan**

**Nutrition**
- Dietitian referral: [ ] No [ ] Yes ► Phone ________________

**Medication**
- Prescription: [ ] No [ ] Yes
- Discharge medication list faxed to community pharmacy: [ ] No [ ] Yes

*(Talk to your doctor or pharmacist before taking any non-prescription or herbal medicines)*

**What you need to know**
- Inhaler technique: Be sure to use your inhaler properly
- Review COPD patient education handouts. Be able to demonstrate:
  - Breathing Techniques: Pursed-lip breathing, breathing with your diaphragm, breathing while bending forward at the waist
- Available supports to help reduce tobacco use if appropriate.
- Activity: [ ] No restrictions [ ] No strenuous [ ] Gradual increase
  - Practice breathing and coughing techniques to help when you feel short of breath
  - Use body positions and energy conserving methods to help prevent feeling short of breath
- Driving: [ ] No restrictions [ ] No valid license [ ] Do not drive [ ] Do not drive for _____ weeks
- Work: [ ] No restrictions [ ] Do not go back to work for _______ weeks

**Follow-up**

<table>
<thead>
<tr>
<th>Primary Care Provider</th>
<th>Location</th>
<th>Phone number</th>
<th>Date (dd-Mon-yyyy)</th>
<th>Time (hh:mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary Rehabilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Obtain Influenza and/or pneumococcal vaccines at pharmacy, primary care provider or health clinic if needed

[ ] Reviewed above content with patient/family/caregiver and copy of form provided

**Health Care Provider** *(Last Name, First Name)*

**Designation**

**Initial**

**Signature**

**Date (dd-Mon-yyyy)**