

Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) Admission Adult

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

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

Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
<input checked="" type="checkbox"/> To be added to General Admission Orders <input checked="" type="checkbox"/> Notify Primary Care Provider on next business day <input type="checkbox"/> O ₂ Therapy - titrate to maintain SpO ₂ between 88-92%. Reassess daily. <input type="checkbox"/> O ₂ Therapy - titrate to maintain SpO ₂ between _____ % <input checked="" type="checkbox"/> Ambulate - Early Mobilization <i>(done within 48 hours)</i>	
Initial Investigations <i>(If not done in Emergency Department or if otherwise clinically indicated)</i>	
<input type="checkbox"/> Chest X-ray PA and Lateral <i>(GR Chest, 2 Projections)</i> <input type="checkbox"/> Electrocardiogram <input type="checkbox"/> Sputum bacterial culture x 1 <i>If ordered, refer to Infection Prevention and Control (IPC) guidelines.</i> <input type="checkbox"/> 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 <input type="checkbox"/> Complete Blood Count (CBC) with differential daily x 3 days then reassess <input type="checkbox"/> INR, PTT, albumin <input type="checkbox"/> Blood Gas Arterial <i>(choose one)</i> <input type="checkbox"/> on room air <input type="checkbox"/> on oxygen _____ litres per minute <input type="checkbox"/> theophylline trough level <i>(consider only if signs and symptoms of toxicity)</i> <input type="checkbox"/> Obtain previous spirometry/PFT reports <input type="checkbox"/> Bedside spirometry <i>(consider if previous spirometry/PFT not available)</i>	
Medications - refer to Medication Reconciliation before initiating below medications	
Acute Bronchodilators <i>(choose one below)</i>	
Metered Dose Inhaler <i>(preferred option)</i> <i>(check all that apply)</i> <input type="checkbox"/> salbutamol 100 mcg MDI 2 puffs inhaled every 4 hours with spacer <input type="checkbox"/> salbutamol 100 mcg MDI 2 puffs inhaled every 1 hour PRN with spacer for shortness of breath	OR Nebulization Therapy <i>(check all that apply)</i> <i>(Formulary restricted to patients who CANNOT be treated with MDI with spacer.)</i> <i>If on contact droplet isolation, administer with airborne precautions as an aerosol generating medical procedure (AGMP)</i> <input type="checkbox"/> salbutamol 2.5 mg inhaled by nebulizer every 4 hours <input type="checkbox"/> salbutamol 2.5 mg inhaled by nebulizer every 1 hour PRN for shortness of breath <input type="checkbox"/> ipratropium 250 mcg inhaled by nebulizer every 4 hours
Prescriber Name <i>(print)</i>	Prescriber Signature
	Designation

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Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
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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)*

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Maintenance Inhaler Therapy

Drug	Brand	Available Strengths	Delivery Device	Ordering Dose
Long-Acting Muscarinic Antagonists (LAMA)				
tiotropium	Spiriva HandiHaler	18 mcg/dose	DPI	1 puff daily
tiotropium	Spiriva Respimat	2.5 mcg/dose	SMI	2 puffs daily
acclidinium	Tudorza Genuair	400 mcg/dose	DPI	1 puff BID
glycopyrronium	Seebri Breezhaler	50 mcg/dose	DPI	1 puff daily
umeclidinium	Incruse Ellipta	62.5 mcg/dose	DPI	1 puff daily
Long-Acting Beta-Agonists (LABA)				
salmeterol	Serevent Diskus	50 mcg/dose	DPI	1 puff BID
formoterol	Oxeze Turbuhaler	6 mcg/dose	DPI	1-2 puffs BID
indacaterol	Onbrez Breezhaler	75 mcg/dose	DPI	1 puff daily
Combination LAMA-LABA (<i>Restricted use: see criteria 1, 2 below</i>)				
glycopyrronium-indacaterol	Ultibro Breezhaler	50 mcg-110 mcg/dose	DPI	1 puff daily
acclidinium-formoterol	Duaklir Genuair	400 mcg-12 mcg /dose	DPI	1 puff BID
tiotropium-olodaterol	Inspiralto Respimat	2.5 mcg-2.5 mcg/dose	SMI	2 puffs daily
umeclidinium-vilanterol	Anoro Ellipta	62.5 mcg-25 mcg/dose	DPI	1 puff daily
Combination Inhaled corticosteroid - Long-Acting beta-agonist (ICS-LABA)				
fluticasone propionate-salmeterol	Advair Diskus <i>Restricted use: see criteria 1,2 below</i>	500 mcg-50 mcg/dose 250 mcg-50 mcg/dose	DPI DPI	1 puff BID 1 puff BID
mometasone-formoterol	Zenhale	200 mcg-5 mcg/dose 100 mcg-5 mcg/dose	MDI MDI	1-2 puffs BID 1-2 puffs BID
budesonide-formoterol	Symbicort Turbuhaler <i>Restricted use: see criteria 1,2 below</i>	200 mcg-6 mcg/dose	DPI	2 puffs BID
fluticasone furoate-vilanterol	Breo Ellipta <i>Restricted use: see criteria 1,2 below</i>	100 mcg-25 mcg/dose	DPI	1 puff daily
Combination ICS-LAMA-LABA				
Fluticasone furoate-umeclidinium-vilanterol	Trelegy Ellipta <i>Restricted use: see criteria 3 below</i>	100 mcg-62.5 mcg-25 mcg/dose	DPI	1 puff daily

Source: AHS Provincial Drug Formulary

Restriction Criteria: Only use identified medication for,

- Maintenance treatment of moderate to severe COPD (i.e., FEV1 less than 80% predicted) **AND** inadequate response to a long-acting bronchodilator, **OR**
- Maintenance treatment of severe COPD (i.e., FEV1 less than 50% predicted).
- 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)

Legend

DPI – Dry powder inhaler
MDI – Metered dose inhaler
SMI – Soft mist inhaler



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Additional Admission Orders

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Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown			

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

Last Name (Legal)		First Name (Legal)	
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Start at Admission	Date (dd-Mon-yyyy)	Time (hh:mm)	Completed	Not indicated*	Initials	
	Consultations (For all consultations, utilize the most appropriate/available health care provider(s) at your site to deliver services)					
	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:					
	<ul style="list-style-type: none"> ■ 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						
<input type="checkbox"/> Inhaler Techniques <input type="checkbox"/> COPD Medicines <input type="checkbox"/> COPD: Learning to Breathe Easier <input type="checkbox"/> COPD: Avoiding your Triggers						
Patient demonstrates proper inhaler technique						
Discharge Plan						
Complete Discharge Management Plan						
Follow-up as Required						
Assess tobacco use of patient						
<ul style="list-style-type: none"> ■ 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): _____



Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) Admission Adult Discharge Management Plan

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
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PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Bring this Management Plan with you to your next visit

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	Location	Phone number	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
Primary Care Provider <i>(within 14 days of discharge)</i>				
Pulmonary Rehabilitation <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> N/A				
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 <i>(Last Name, First Name)</i>	Designation	Initial
Signature	Date <i>(dd-Mon-yyyy)</i>	

