

KCH ED OBSERVATION UNIT: COPD Clinical Guidelines

CRITERIA:

Inclusion

- History of COPD
- Initial treatment (nebulizers, steroids, etc) and intermediate response (improvement but still wheezing) in the ED
- Acceptable vital signs

Exclusion

- RR \geq 40
- O2 saturation less than \leq 84% on oxygen
- Unstable vital signs or clinical condition
- Need for respiratory support (NIPPV)
- Altered Mental Status, evidence of CO2 narcosis
- Any factor that will preclude discharge within 48 hours
- Any other need for inpatient admission

INTERVENTIONS:

- Serial exams every 4-6 hours
- Serial vital signs every 4 hours
- Bronchodilator nebulizer treatments every 1-4 hours
- Serial peak-flow measurements
- Steroids (oral or IV) - *if not done in ED*
- Asthma/MDI Teaching/Smoking cessation
- Diet

Optional

- Supplemental oxygen
- Pulse oximetry monitoring
- Magnesium
- Chest X-ray Imaging
- Arterial blood gas

DISPOSITION:

Home:

- Major resolution of SOB/wheezing
- Peak flow $>$ 60% of predicted or significant improvement from baseline
- Ambulating comfortably
- Adequate follow up plan

Admission:

- Clinical Deterioration
- Lack of improvement
- RR $>$ 30
- Another acute process becomes apparent
- Does not meet discharge criteria after observation period

Please note additional orders, such as patient's home medications can be ordered for standing administration.