

ED OBSERVATION UNIT: COPD EXACERBATION PROTOCOL

NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients.

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> • Previous history of COPD • Initial therapy given in ED (nebulizers, steroids) with improvement • No acute process on chest X-ray 	<ul style="list-style-type: none"> • New onset COPD • Concurrent acute comorbidities - pneumonia, CHF, cardiac ischemia • Unstable clinical condition or unstable VS • Poor response to initial therapy • Evidence of CO2 narcosis • Factors precluding discharge in <48 hours • Need for NIPPV manifested by at least one of: <ul style="list-style-type: none"> ○ Respiratory acidosis (pH < 7.3) ○ Persistent hypoxemia refractory to supplemental oxygen ○ Severe dyspnea with signs of respiratory muscle fatigue, increased WOB, RR> 30.

INTERVENTIONS	OPTIONAL INTERVENTIONS
<ul style="list-style-type: none"> • Serial treatments: <ul style="list-style-type: none"> ○ B-agonists q2-4 hrs ○ Ipratropium q6h ○ IV or PO Corticosteroids • Serial VS and Serial exams every 2-4-6 hours • Pulse Oximetry (stationary or ambulatory), ABG if indicated • Supplemental oxygen as indicated • Asthma/MDI teaching/Smoking cessation 	<ul style="list-style-type: none"> • Prophylactic antibiotics • Magnesium sulfate • Chest X-ray Imaging • Arterial blood gas • Serial peak flow measurements • Cardiac monitoring as needed

Last updated 10/16/2020

Authored by R. Balakrishnan MD

Reviewed by W. Chan, R. Allen MD, E. Madden MD, R. Balakrishnan MD, S. Brewster MD

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DISPOSITION	
Home: <ul style="list-style-type: none">• Bronchodilator nebulizer requirement \geq every 4 hours• Major resolution of dyspnea/wheezing• Ambulating comfortably• Ambulatory Oxygen $> 90\%$ on RA or at baseline home FiO_2• Adequate follow-up plan (<4 weeks after discharge) with PCP or pulmonologist	Admission: <ul style="list-style-type: none">• Clinical deterioration• Unstable VS• Lack of improvement• $RR > 30$ after >8 hours of treatment• Another acute process becomes evident (Pneumonia, CHF)• Uncompensated pCO_2 retention• Ambulatory $SpO_2 < 90\%$ on RA or $<90\%$ at baseline home FiO_2• Evidence of altered mentation

Source

1. 2019 Global Strategy - GOLD Main Report. <https://goldcopd.org/wp-content/uploads/2018/11/GOLD-2019-v1.7-FINAL-14Nov2018-WMS.pdf>

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