

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"> • Past history of COPD • Initial treatment (nebulizers, steroids, antibiotics) and improvement in ED 	<ul style="list-style-type: none"> • Evidence of CO₂ narcosis • RR > 35 • Clinical condition or vital signs outside parameters for obs unit • 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, or both.

INTERVENTIONS	OPTIONAL INTERVENTIONS
<ul style="list-style-type: none"> • Serial vital signs every 2-4 hours • Bronchodilator nebulizer (β_2 agonists and/or anticholinergic) treatments every 1-4 hours • Intravenous or oral corticosteroids • Asthma/MDI teaching/Smoking cessation 	<ul style="list-style-type: none"> • Prophylactic antibiotics • Supplemental oxygen • Pulse Oximetry (stationary or ambulatory) • Magnesium sulfate • Chest X-ray Imaging • Arterial blood gas • Serial peak flow measurements

Last updated 7/1/2019.

Authored by R. Balakrishnan MD

Revised by T. Ahmad MD, R. Balakrishnan MD, A. Cai, MD, and S. Brewster MD

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DISPOSITION	
Home: <ul style="list-style-type: none">• Bronchodilator nebulizer requirement > every 4 hours• Major resolution of dyspnea/wheezing• Ambulating comfortably• Adequate follow-up plan (<4 weeks after discharge)	Admission: <ul style="list-style-type: none">• Clinical deterioration• Lack of improvement• RR>30 after >8 hours of treatment

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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