

# ED OBSERVATION UNIT: COPD EXACERBATION PROTOCOL

## NYC H+H KINGS COUNTY HOSPITAL CENTER

*General Observation Guidelines apply for all ED observation patients.*

<b>INCLUSION CRITERIA</b>	<b>EXCLUSION CRITERIA</b>
<ul style="list-style-type: none"> <li>Initial therapy given in ED (nebulizers, steroids) with improvement</li> <li>No acute process on chest X-ray</li> </ul>	<ul style="list-style-type: none"> <li>Concurrent acute comorbidities - pneumonia, CHF, cardiac ischemia</li> <li>Unstable clinical condition or unstable VS</li> <li>Poor response to initial therapy</li> <li>Evidence of CO<sub>2</sub> narcosis</li> <li>Factors precluding discharge in &lt;48 hours</li> <li>Need for NIPPV manifested by at least one of: <ul style="list-style-type: none"> <li>Respiratory acidosis (pH &lt; 7.3)</li> <li>Persistent hypoxemia refractory to supplemental oxygen</li> <li>Severe dyspnea with signs of respiratory muscle fatigue, increased WOB, RR &gt; 30.</li> </ul> </li> </ul>

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

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

### 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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