

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 |
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| <ul style="list-style-type: none"> ● Initial therapy given in ED (nebulizers, steroids) with improvement ● No acute process on chest X-ray | <ul style="list-style-type: none"> ● 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 |

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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 | |
|--|---|
| <p>Home:</p> <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 FiO₂ ● Adequate follow-up plan (<4 weeks after discharge) with PCP or pulmonologist | <p>Admission:</p> <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 pCO₂ retention ● Ambulatory SpO₂ $< 90\%$ on RA or $<90\%$ at baseline home FiO₂ ● 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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