

CLINICAL PATHWAYS
COPD EXACERBATION

Exclusion Criteria: Requires mechanical ventilation or other unstable medical conditions
ELOS: _____ ALOS: _____

Clinical Pathways are not considered a substitute for professional judgement.

Phase:	Acute Phase	Transition Phase	Pre-discharge Phase	
Date:				
PATIENT OUTCOMES	Patient reports some improvement in symptoms: _____ FIO2 <35%: _____ Resp. Rate <20: _____ Clinical Indicator #1: Review of inhaled medication delivery and efficacy determined within 24 hours? Yes [] No [] If No, reason and notify MRP: _____ _____	Patient maintains minimal O2 Sat as determined by MD. (88-92%) O2 Sat to be: (RT/MD) _____	Activity tolerance established for home management O2 requirements established: (RT) _____ If patient previous home O2 review prescription Clinical Indicator #2: Patient free from gastrointestinal irritability, (for example nausea and diarrhea) Yes [] No [] If No, notify MRP to assess.	
TEACHING	Proper drug delivery (RT) _____ Pt/family instruction re-care: _____ Pt/family pathway brochure given: _____ Orientation to unit Positioning Relaxation Pursed lip breathing	Smoking cessation strategies in place (if appropriate) Appropriate use of inhaler reinforced Team to review and reinforce: - Secretion clearance: _____ - Pursed lip breathing: _____ - Energy conservation: _____ - Spacer device use: _____ - Rinse mouth after puffer: _____ - Patient pathway: _____	Smoking cessation strategies in place (if appropriate) COPD education material provided: (RN) _____ Patient able to identify lifestyle changes and describe disease process, (signs of infection), (PT/RN): _____ Can demonstrate proper delivery of medication prior to discharge: (RT) _____ Clinical Indicator #3: All teaching signed off: Yes [] No [] If No, Reason: _____	
DISCHARGE PLANNING CRITERIA	Supports available for home care: _____ Additional supports on outpatient basis assessed (for example: Social work, Psychology)	Assess need for rehab. Inpatient Outpatient Discharge disposition" [] Home [] Inpt rehab [] Outpt rehab [] Other: _____	Notify RT of discharge plans and review of medication delivery by RT: _____ Review of physio prior to discharge: (PT) _____ Discharge home with supports in place: [] CCAC [] Outpt rehab [] Home O2 program [] Follow-up appt with Dr: _____ If immunized provide immunization card	
Pathway Reviewed with Patient/Family (Initial):	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No	
Signatures:	_____ _____ _____ _____	Initials _____ _____ _____	_____ _____ _____ _____	Initials _____ _____ _____



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INTERVENTIONS:	Chest assessment Chest auscultation VS q6h then q shift as per orders and prn History and Physical Secretion management & mobility Ability to administer medication, drug delivery & efficacy Height & weight List of home medications Family supports, emotional supports as required Utilization	VS BID Oximetry q12h Chest assessment q12h Assess for aerochamber Secretion management & mobility Assess need for Flu Vaccine using Patient Assessment Form for Influenza	Assessment for discharge: VS BID Home O2 prescription re-assessed Need for home O2 if not established Ability with ADL's Patient/family emotional needs assessed
a) Assessments			
b) Consults	Respirologist/Internist Physio RT Pharmacy: If on IV medications re-evaluation +/- SW +/- SLP +/- Clinical nutrition	OT as necessary	CCAC as necessary
c) Tests	Chest xray ECG CBC, lytes, urea, creatinine, INR, PTT, platelets, ABG +/- Albumin Sputum culture x 1 Sputum cytology x 1 Theophylline level if on Theophylline	Spirometry if stable and able	Bedside Apirometry pre and post bronchodilators OR Full PFT
d) Treatments	O2 protocol Saline lock Individualized treatment plan	O2 protocol, Portable O2 and/or extension tubing Optimize ventilation and management of secretion clearance	O2 protocol
e) Medications	Bronchodilators Systemic Corticosteroids Antibiotics (IV to po) +/- DVT prophylaxis +/- laxative Theophylline Home medications if necessary	All IV meds to progress to po MRP to reassess need for DVT prophylaxis when ambulatory Progress from mask to puffers, (metered dose inhalers)	Ensure on po meds and obtains discharge prescription Flu Vaccine 0.5 IM x 1 prior to discharge as per "Assessment form for influenza vaccine" Pneumococcal vaccine if not given in the last 5 years (HOLD if information not available)
f) Nutrition	DAT - high Fowlers Monitor intake Oral supps if po intake < 50% RD consult if patient is at nutritional risk	Tolerating recommended diet	Tolerating recommended diet Understands proper dietary needs
g) Activity/Safety	AAT based on patient ability Up in chair (minimum) once-twice a day	Oximetry with ADL Equipment to assist mobility ADL return to pre-morbid state Encourage bed exercises and independent transfer and ambulation	Return to pre-hospitalization activity level without exacerbation of symptoms Oximetry with ADL
h) Elimination	Bowel Routine Monitor output		

