Assessment

Nursing/support personnel to determine the following at each encounter: s/s of illness – cough, dyspnea, sputum, medication non-adherence, fever, exposure to illness; anxiety, recent hospitalization or illness since last encounter, abnormal breath sounds/ diminished respiratory status with pulse oximetry level range of 88-92% target range; maintain below 95% to avoid carbon dioxide buildup.

Immunization up to date: Pneumococcal vaccination, Prevnar Vaccination (coordinate with primary care provider); Flu vaccination (if October 1 to March 31)

Self-rating on zone sheet:
*** If patient condition is in the yellow zone s/s of "COPD Flare" and they are appropriately utilizing rescue medications as ordered and following the patient education instructions without improvement, nurse at facility to notify physician of assessment findings and determine physician orders; ask physician if it would be appropriate to treat with steroids and/or antibiotics to attempt to prevent hospitalization.

Interventions/Physician order options

- ☐ Seasonal influenza vaccination (October 1–March 31)
- ☐ Pneumococcal vaccination of COPD patient even if not 65 and not within the timeframe already completed
- ☐ Consider Prevnar Vaccination
- ☐ Recommended diet: ______________________________
- ☐ Nutrition supplements:
  - ☐ Pulmocare or generic if available (ask dietitian for supplement standard)
  - ☐ Ensure or generic if available (ask dietitian for supplement standard)
  - ☐ Glucerna or generic if available (ask dietitian for supplement standard)
- ☐ Collect sputum culture if sputum changes from clear/ white to yellow/ green/ brown and patient has developed increased dyspnea, development or worsening of cough, and/or fever.
- ☐ Medications/treatment
  - ☐ Maintenance medication
    - ☐ Advair 1 puff (100/50, 250/50, 500/50 diskus) or (45/21, 115/21, 230/21 HFA) inhaled BID
    - ☐ Symbicort inh (80/4.5, 160/4.5) BID
    - ☐ Spiriva dose daily inh
    - ☐ Spiriva Respimat 2 puffs, once daily
    - ☐ Tudorza inh BID
    - ☐ Other: ______________________________
  - ☐ Rescue medications
    - ☐ Albuterol 1-2 puffs every 4 hours prn dyspnea (inhaler)
    - ☐ Albuterol nebulized breathing treatment every 4 hours
    - ☐ Duoneb nebulized breathing treatment every 4 hours
    - ☐ Xopenex 1 puff every 6 hours prn dyspnea (inhaler)
    - ☐ Other:______________________________
  - ☐ IF truly no suspicions for pneumonia:
    - ☐ 1) Azithromycin 500mg. daily x 5 days
    - ☐ Then, in order of preference:
      - Levofloxacin 500mg. daily x 7 days
        or
      - Augmentin 500mg.BID x 7days
  - ☐ Spacer for inhalers to maximize benefit of inhaler delivered medications
  - ☐ Flutter valve
  - ☐ Continue Anxiety meds at hospital discharge (PCP to manage)–Verify with PCP
  - ☐ Any need for steroids?
  - ☐ Any need for antibiotics?
  - ☐ Oxygen ______________________________
- ☐ Durable Medical Equipment Needed:

______________________________ ______________ ______________
Physician's Signature Date Time

- ☐ Oxygen concentrator
- ☐ Nebulizer
- ☐ Spacer
- ☐ Flutter valve
- ☐ Equipment for ADL assistance: Walker, Wheelchair, Cane, Shower bench, Handheld shower

Consider Health Care Referrals:

- ☐ Physician appointment within one week
- ☐ Home Health: Week one x 3 visits; week 2 x 1-2 visits; with 5 prn for respiratory assessment/s/s of infection/ increased anxiety; Weekly phone intervention. Therapies (PT and/or OT) for energy conservation and strengthening. Dietary consult for education of caloric needs.
- ☐ Case management: CPCI referral, initial assessment visit, weekly phone contact x 1 month, re-evaluate; if maintenance contact monthly and prn; continue weekly calls if not maintenance
- ☐ Hospice: Initial evaluation 3 x/ weekly, increase frequency with any crisis; decrease to 1-2 visits per week with no exacerbation. Patient to contact on call hospice nurse if issues; utilize hospice emergency kit in home
- ☐ Assisted Living Facility: Encourage patient to utilize zones to report issues and for assessment needs. Contact physician office or health care provider (hospice or home health) if patient is in yellow zone.
- ☐ Nursing Home/ Skilled Nursing Facilities: Utilize zones to report issues and for assessment needs. Nurse to report to physician office if in yellow zone (need to include “yellow zone” definition). Provide supportive care of administration of medication and oxygen if ordered, cleaning and maintenance of equipment. In time of exacerbation, reduce activity and support energy conservation techniques of the patient. Limit exposure to high infection risk situation.
- ☐ Durable Medical Equipment: If providing oxygen, perform follow-up call/visit to re-instruct regarding education in use and maintenance, tubing changes to prevent infection, management of liter flow and hypoxic drive requirements. If providing nebulizer, instruct in use and management of equipment, changing of tubing and cleaning to prevent infections. If spacer provided, educate in care of spacer to prevent infections.
- ☐ Pulmonary rehab for evaluation

Patient Education: Acute versus post acute education

- ☐ Disease process–discuss changes in lungs, progression of disease process, symptoms of disease, ways to manage disease, use of the zone sheet to self-rate level of exacerbation.
- ☐ Exacerbation signs/ symptoms of COPD and when to notify healthcare professional
- ☐ End of life decisions and planning; progression of disease process.
- ☐ Medication therapy–med names, actions, dosing information, side effects and how to take, and adherence to medication regimen.
- ☐ Healthy lifestyle–balance of activity and exercise, eating to support pulmonary need and nutrient dense foods, using 6 small meals versus 3 large meals; absence of smoking
- ☐ Oral hygiene practices to prevent infections
- ☐ Smoking cessation–provide written literature (enter hospital pamphlet information)
- ☐ Use of inhaler/spacer/nebulizer
- ☐ Instruction in cleaning and maintenance of supplies for inhaler/spacer/ nebulizer
- ☐ Therapeutic exercise plan; education of energy conservation techniques
- ☐ Infection control; restrict from crowds versus social isolation and depression/hand hygiene/use of mask/pulmonary hygiene (throw away tissues after initial use; use of hand hygiene after couth/nasal cleaning etc)
- ☐ Intake of fluids to help with thinning mucus/secretions
- ☐ Hypoxic drive--“brain relies on oxygen level to breath or not. If too much oxygen, no signal to breath. Then carbon monoxide level rises as brain does not recognize that breath is needed. Use of pulse oximeter and interpretation of results
- ☐ Relaxation techniques to reduce anxiety/Huff breathing technique

Reference: http://www.medscape.org/viewarticle/582762_10

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Physician’s Signature Date Time