CDU APP Workflow for COPD

CDU Exclusion Criteria

- Does the patient have pneumonia? If yes, defer to the pneumonia protocol.
- Unstable vital signs, shock, impending respiratory failure, severe systemic illness)
- O^2 supplementation required to maintain O^2 saturation >92% is:
- - more than 2 liters/min via NC if not on home O^2
  - O^2 requirement > than home 0^2 + 2 liters via NC (limit 4L)
- Multiple OR severe co-morbidities likely to significantly complicate disposition
- Current pulse oximetry reading < 92 on 3LNC
- Clinical or radiographic pneumonia that significantly contributes to hypoxia or dehydration
- ESRD on dialysis
- Patient has been admitted to the hospital for COPD exacerbation lasting > 2 days within the last year
- Failed CDU protocol previously

Excluded → Decline request for CDU. Admit.

None of the factors above are present

In ED:

- Obtain labs, CXR
- Antibiotics if needed – 1st dose:

  Azithromycin 500 mg day 1, followed by 250 mg daily x 4 days
- Initiate steroids
- Initiate respiratory treatments: Duoneb
- treatment x1, followed by Albuterol x2

Meets Inclusion Criteria

- Clinical presentation consistent with COPD
- Anticipated stay > 8 hrs and < 24 hrs

No → Decline request for CDU, Admit

Yes

CDU Admission Orders

- Vital signs q4°
- Diet
- FSBS if diabetic
- Albuterol nebulizer q1° x 4 hours, followed by q2°
- Atrovent q4 hours
- Prednisone 40mg daily
- ± antibiotics
- Peak flows
- Care bundle completion
- Walk test
- Symptomatic treatment

Improving symptoms

- Respiratory improvement
- Stable vital signs
- Able to ambulate without desaturation <89% or worsening symptoms with ambulation

Discharge Home
with steroids, completed care bundle, ± antibiotics if started, PCP follow-up

Worsening symptoms

- Worsening respiratory exam or minimal to no improvement
- Failed walk test

Admit

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