Allergies – check (√) one box: | **Weight** (kg) |

❑ None known ❑ Unable to obtain | |

❑ See Allergy ADR Record (if in use at the facility) |_____ |_____

❑ List:

Unboxed orders are initiated by default, unless crossed out and initialed by the physician/prescriber.
Boxed orders (☐) require physician/prescriber check mark (☑) to be initiated.

ACUTE EXACERBATION OF COPD (AECOPD) DISCHARGE PRE-PRINTED ORDERS

Note: This form is a valid prescription from your doctor and should be taken to your community pharmacy to be filled.

CONFIDENTIAL - Please use, copy and share with authorized individuals only.

Time / Date Processed
RN/LPN or Ward Clerk Initials
Comments

AECOPD Pathway:

☑ **Fax this form to Respiratory Services Department at _____ to notify of patient's discharge**

☑ **Once this form is completed, please make one copy for the patient to take to their pharmacy and send/fax one copy to patient's family physician.**

☑ **Fax attached follow up appointment reminder to family doctor's office**

☐ **Antibiotics**: Name: _____ Sig: _____ Mitte: _____

(see reverse for guidelines)**

☐ **Prednisone**: Dose: _____ Sig: _____ Mitte: _____

SMOKING CESSATION

☐ Registration in BC Smoking Cessation Program (patient to call HealthLink BC 8-1-1)

☐ Nicotine Replacement Therapy*

***** patient to call HealthLink BC 8-1-1- for coverage of Habitrol NRT patch and Thrive NRT gum

☐ Varenicline (Champix) 0.5mg PO Daily on Days 1-3, then 0.5mg PO BID on Days 4-7, then 1mg PO BID starting on Day 8 **OR** □ 0.5mg PO BID starting on Day 8 (if severe renal impairment)

- Mitte: starter pack **OR** _____ Refills: _____

☐ Bupropion SR (Zyban, no sub) 150mg PO Daily x3, then 150mg PO BID x 12 weeks

- Mitte: 63 tabs (1 month supply) **OR** _____ Refills: _____

AECOPD PREVENTION (***please note these medications may appear on IH Discharge Prescription Form, if used)

☐ Salbutamol MDI 2 inhalations QID PRN; Mitte: 1 inhaler (200 doses) with spacer device Refills: ___

☐ Ipratropium MDI 2-4 inhalations QID; Mitte: 1 inhaler (200 doses) with spacer device Refills: ___

☐ *Tiotropium (Spiriva) 18mcg capsule Handihaler inhaled daily: Mitte: 30 capsules Refills: _____

- Tiotropium not to be used concurrently with Ipratropium

☐ *Salmeterol (Serevent) Diskus 50mcg 1 inhalation BID: Mitte: 1 diskus Refills: _____

☐ *Formoterol (Oxeze) turbuhaler 12mcg, 1-2 inhalations BID; Mitte: 1 turbuhaler Refills: _____

☐ *Salmeterol-Fluticasone (Advair MDI), 2 inhalations BID

Mitte: ☐ 125mcg with spacer device, 1 MDI **OR** ☐ 250mcg with spacer device, 1 MDI Refills: _____

☐ *Salmeterol-Fluticasone (Advair Diskus), 1 inhalation BID

Mitte: ☐ 250mcg, 1 Diskus **OR** ☐ 500mcg, 1 Diskus Refills: _____

☐ *Budesonide-Formoterol (Symbicort Turbuhaler) 200-6 mcg, 2 inhalations BID

Mitte: ☐ 60-dose Turbuhaler x1 **OR** ☐ 120-dose Turbuhaler x1 Refills: _____

Other:_____

*Special Authority Form required (contact AECOPD Pathway MD for signature/assistance if needed).

☐ SA Form faxed (if applicable)

DISCHARGE REFERRALS

☐ Referral to Community Respiratory **Services** (includes triage, ongoing COPD assessment & education and may include spirometry, home oxygen assessment, ABG and respirology consult)

Date (dd/mm/yyyy)	Time	Physician Signature	Printed Name or College ID #
/ /			

***** FOR INFORMATION ONLY *****

Prescribing Guidelines for use of Anti-infective Therapy for Patients with ECOPD

WITHOUT Community Acquired Pneumonia (CAP)

This page goes on back of first order page and is NOT considered an order set. It is for physician information

Use antimicrobials if 2 or more of the following are increased from baseline:
□ dyspnea □ sputum volume □ sputum purulence
Recommended duration of therapy is **5-7 days**

Adapted from Canadian Thoracic Society Guidelines (O'Donnell DE et al, *Can Resp J*. 2007; 14(SupplB): 5B-32B)

Group/ Clinical Status	Symptoms & Risk Factors	Probable Pathogens	Empirical Anti-infective Options¥
COPD exacerbation (AECOPD)			
Simple (without risk factors)	Increased sputum purulence and dyspnea	*Haemophilus influenzae*, *Haemophilus* sps, *Moraxella catarrhalis*, *Streptococcus pneumonia* *Chlamydia pneumonia* Viruses	**amoxicillin** (500mg PO TID) or **doxycycline** (200mg PO on day 1, then 100mg PO BID) or **co-trimoxazole DS** (1 tab PO BID) or **clarithromycin XL** (1000mg PO daily) or **ceFURoxime** (***Ceftin***) (500mg PO BID)
Complicated (with risk factors)	As in simple plus at least ONE of: ▪ FEV_1 less than 50% predicted ▪ 4 or more exacerbations/year ▪ Ischemic heart disease ▪ Use of home oxygen ▪ Chronic oral steroid use	As in simple plus: Increased probability of beta-lactam resistance (beta-lactamase producing penicillin-resistant *S.pneumoniae*) *Klebsiella* sps and other Gram-negatives (*E.coli, Proteus, Enterobacter*), *Pseudomonas* species	**amoxicillin-clavulanate** (875/125mg 1 tab PO BID) or **moxifloxacin** (400mg PO Daily)
Complicated (with risk factors) and ***Pseudomonas* suspected**	As in complicated plus: isolation of *Pseudomonas* during previous exacerbation or colonization during a stable period	*Pseudomonas* species†	**piperacillin-tazobactam** (or equivalent anti-pneumococcal, anti-pseudomonal beta-lactam), **ciprofloxacin** **ceftAZIDime**** **aminoglycoside**

Repeat prescriptions of the ***same*** antibiotic should be **avoided** within a three-month interval.
†Please refer to previous sensitivities of *Pseudomonas* species (if available) in order to guide the choice of empiric antibiotic.
******If ceftAZIDime is selected, double coverage with an additional anti-pseudomonal agent (e.g. ciprofloxacin or aminoglycoside) is recommended.

Prescribing Guidelines for use of Systemic Steroids in AECOPD

Recommended duration of treatment for oral corticosteroids is **7-14 days** for moderate-severe exacerbations
MethylPREDNISolone 40 mg IV is equivalent to predniSONE 50 mg PO if patient unable to take oral meds initially

Prescribing Guidelines for use of Inhaler Therapy in AECOPD

Maintenance inhalers may be started on days 3 to 5 of hospitalization
Assess regular salBUTamol use and discontinue or adjust to PRN as necessary

For **moderate to severe disease** (an average of one or more AECOPD/year or FEV_1 below 65% predicted) select maintenance therapy for COPD based on **Canadian Thoracic Society recommendations** (O'Donnell DE et al, *Can Resp J*. 2007; 14(SupplB): 5B-32B)**,** that **should include**: (Special authority forms may be needed if not already prescribed by respirologist)

- Combination inhaler (LABA and ICS)
- Long acting anti-cholinergic agent
- PRN short/fast acting B-agonist