University Medical Center
Chronic Obstructive Pulmonary Disease (COPD) Kardex

Primary MD _____

Age: _____ Admit Date: _____

Allergies: _____

Advance Directive: _____ Code Status: _____

Addressograph

Chief complaint on admission / Admitting Diagnosis: _____

ICU Diagnosis /Surgery & Date of Surgery: _____

Past Medical / Surgical Hx.: _____

_____ Isolation: _____

Consults: _____ / _____ / _____ / _____ / _____

Daily Plan Date: _____

- ☐ Patient on COPD CareMap®
- ☐ Pulmonary Consult
- ☐ CXR ☐ Infiltrate
- ☐ Monitor ABG's ☐ Pulse Ox
- ☐ O_2 Therapy
- ☐ IV Steroids
- ☐ IV Antibiotics
- ☐ Respiratory Treatments q _____ hrs
- ☐ Inhaler / Nebs
- ☐ Evaluate need for home O_2
- ☐ Evaluate for Pulmonary Rehab

LOS: _____

Current Problems:

- ☐ SOB
- ☐ Decreased PO_2 or O_2 Sats
- ☐ Using Accessory Muscles
- ☐ Wheezing / Rhonchi / Crackles
- ☐ Increased $PaCO_2$

Resolution (Meets criteria for Switch Therapy):

- ☐ Afebrile for 24 hours ☐ Improved SOB ☐ Improved Cough
- ☐ Decreased amount of sputum production, consistency and purulence
- ☐ Peak flow improving (optional)
- ☐ Adequate PO or GT intake without vomiting and diarrhea
- ☐ Switched to PO Steroids ☐ Antibiotics ☐ Tolerates Activity

Flu Vaccine

Was it given ☐ Yes ☐ No - why?

Pneumonia Vaccine

Was it given ☐ Yes ☐ No – why?

Notes:

Discharge Plan:

- ☐ Home with VNS Team
- ☐ Transfer to facility: _____

Safety/Activity

Falls Protocol Level: _____ Gait steady Y / N Cane / Walker

Activity:

- ☐ Bedrest ☐ Dangle ☐ OOB to Chair ☐ Ad Lib ☐ OOB with Assist
- ☐ Sitter ☐ Physical Restraints - Type: _____

Speech consult date _____ Results _____

Swallow eval. Date _____ Results _____

PT consult date _____ Frequency _____

Treatments _____

Teaching / Psychosocial

Patient verbalizes understanding of:

- ☐ Risks associated with Exacerbations
- ☐ Call MD or Healthcare Provider with: ☐ Increased SOB ☐ Activity Intolerance ☐ Signs/symptoms of infection
- ☐ Medications ☐ Inhalers with Spacer
- ☐ Activity with frequent resting periods ☐ Control of Anxiety
- ☐ Pulmonary Rehab (discussed with MD) ☐ Smoking Cessation

Patient Received:

- ☐ "Living with COPD" - Tear off sheets as needed ("Using an Inhaler", "Pursed Lip Breathing", etc.) Care notes to supplement

PATIENT	CARE	CATEGORIES
Shift Assessment **Cardiac** • Vital Signs q _____ hr • Telemetry # _____ • Rhythm _____ • Temp _____ • Pacemaker/AICD _____ **Respiratory** • O_2 _____ Sat % _____ • Trach Collar _____ • RESP TX _____ • Lung Sounds _____ **Neurological** • Orientation _____ • EEG _____ • CVA _____ **GU/Renal** • Foley/Insertion Date _____ • 24° urine _____ • I & O _____ / _____ • HD _____ **GI** • Last BM _____ • NGT/KFT/Peg _____ • Diet _____ • Nutritional Needs _____ _____ **Pain Management** _____	**Wounds/Dsgs** _____ _____ **Drains/Tubes** _____ _____ **Blood Sugars** _____ **Central Lines** / Shiley / HO Access Type: _____ Location: _____ Insertion Date: _____ Type: _____ Location: _____ Insertion Date: _____ PIV: Date Inserted: _____ Location: _____ _____ PIV: Date Inserted: _____ Location: _____ _____ IVFS/gtts: _____ _____ _____ _____ Date last type/screen _____ Blood transfusion/FFP _____ _____ Blood transfusion consent _____	**Tests and Labs** X-rays - date _____ Results _____ U/A C&S - date _____ Results _____ Sputum C&S - date _____ Results _____ Blood Culture- date _____ Results _____ Wound C&S - date _____ Results _____ CT Scan - date _____ Results _____ Dopplers - date _____ Results _____ Cardiac Cath/Procedure - date ____ Results _____ Echo - date _____ Results _____ Other tests: _____ _____ _____ _____ _____ _____ _____ _____ _____ Abnormal Labs: _____ _____

Daily Updates:

Day 1:

Day 2:

Day 3:

Day 4:

Day 5:

Day 6:

Day 7:

Day 8:

Day 9:

Day 10: