University Medical Center
COPD

Disclaimer: The is a suggested interdisciplinary plan of care. This is only a guideline. The patient problem, outcomes and interventions may be changed to meet the individual needs of the patient. Physician / Medical orders supersede all pre-printed interventions identified on the

ADDRESSOGRAPH

COPD -

Estimated LOS: *5 Days* *Date placed on map:* _____

INCLUSIONARY CRITERIA :
All COPD patients with increased airflow obstruction related to Emphysema, Chronic Bronchitis, or Asthma as a primary diagnosis or as a major comorbidity with other diagnosis will be placed on COPD

EXCLUSIONARY CRITERIA:
Those patients diagnosed as having CHF, Pulmonary Emboli, or Respiratory Insufficiency related to a metabolic disorder or patients experiencing an acute exacerbation of asthma without a history of COPD will not be placed on the COPD

Primary Diagnosis/Procedure: _____

Pertinent Past Medical History: _____

Allergies: _____

Code Status: _____

Consults or Disciplines Involved:	Date/Time
1.	
2.	
3.	
4.	
5.	

Patient Education:	Initials	Date/Time
Respiratory Therapy		
Nutrition/Diet Therapy		
Physical Medicine/Rehab		
Pulmonary Rehab		
Occupational Therapist		

Significant Events this Admission:

Date/Event: _____

Date/Event: _____

Date/Event: _____

Date/Event: _____

RN Signature: _____ **Date/Time:** _____

RN Signature: _____ **Date/Time:** _____

Instructions for Documentation:
OUTCOMES / INTERVENTIONS:

- Initial when met or completed
- Use notation N/A, if not applicable for the timeframe
- Initial and circle, if not met or completed

SUPPLEMENTAL DOCUMENTATION is required on the Progress Record/Patient Focus Notes when an outcome or intervention is initialed and circled, indicating it was not met or completed as stated.

COPD

Signature	Title	Initial

Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

DESIRED OUTCOMES **D = DAYS E = EVENINGS N = NIGHTS**

Problem/ Needs	ETD Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.			
	Patient/family verbalizes initial understanding: • Dx • Procedures/Treatment • Activity Limitation • Importance of follow-up care			
Pain Management	Pain free or verbalizes relief after intervention.			
Ineffective Breathing Pattern Shortness of Breath	Obtains adequate gas exchange as evidenced by: • Improved mental status • Improved respiratory rate • Decreased SOB • Decreased expiratory effort			
Anxiety	Fears/concerns related to illness and hospitalization identified.			
Alterations in ADL's	Bedrest			
	Completes ADL's with assist.			

Problem/ Needs		D	E	N
Patient Safety	Remains injury free in a safe environment.			
	No signs or symptoms of: • Infection • DVT or Pulmonary Emboli • Hypokalemia			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan				

Patient Care Categories		D	E	N
Nutrition	* Diet:			
	% of diet consumed: Breakfast _____% Lunch _____ % Dinner _____ %			
	High risk nutritional assessment completed.			

** indicates medical orders needed*

MR # _____ **INTERVENTIONS**

Patient Care Categories	ETD Date: _____	D	E	N	Patient Care Categories		D	E	N
Assessment & Treatments	* Vital signs q15 min., until stable, then q4 hr. x 1; then q 8 hrs. as ordered.				Teaching & Psychosocial	Encourage verbalization of fears / concerns.			
	* O_2: _____					Learning needs / teaching plan:			
	* I&O								
	Assess respiratory status.								
	Assess level of consciousness.								
	*IV Corticosteroids								
	*Antibiotics IV _____ PO _____								
	Assess need for stomach protection.								
	Insert PIID								
	Consider DVT prophylaxis (Bedrest/limited activity)								
	Blood glucose q _____hr								
					Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.			
						* Tests / Procedures: * CBC with diff. * PT/PTT * Chemscreen, K=level * Theophylline level if on home maintenance * Sputum gram stain and C & S * U/A * ABG * CXR			
					Safety & Activity	Falls protocol initiated.			
						* Activity level: * Bedrest with BRP.			
	* Respiratory Care provided. (See Respiratory Care Record)								

COPD

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ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/ Needs	Day 1 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.			
	Patient/family verbalizes initial understanding: • Dx • Procedures/Treatment • Activity Limitation • Importance of follow-up care			
	COPD Teaching Plan developed.			
Pain Management	Pain free or verbalizes relief after intervention.			
Ineffective Breathing Pattern Shortness of Breath	Obtains adequate gas exchange as evidenced by: • Improved mental status • Improved respiratory rate • Decreased SOB • Decreased expiratory effort			
Anxiety	Fears/concerns related to illness and hospitalization identified.			
Alterations in ADL's	Bedrest			
	Completes ADL's with assist.			

Problem/ Needs		D	E	N
Patient Safety	Remains injury free in a safe environment.			
	No signs or symptoms of: • Infection • DVT or Pulmonary Emboli • Hypokalemia			
Skin Integrity	No evidence of skin breakdown.			
	Braden Scale initiated			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
Discharge Plan	Initial Discharge Plan identified.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan				

Patient Care Categories		D	E	N
Nutrition	* Diet:			
	% of diet consumed: Breakfast _____% Lunch _____ % Dinner _____ %			
	High risk nutritional assessment completed.			
	Notify RD if diet is: • Protien restricted • ADA • Intake < 50%			

* indicates medical orders needed

MR # _____ **INTERVENTIONS**

Patient Care Categories	DAY 1 Date: _____	D	E	N
Assessment & Treatments	* Vital signs q ___ hr.			
	* O_2: _____			
	* I&O			
	Assess respiratory status.			
	Assess level of consciousness.			
	*IV Corticosteroids			
	*Antibiotics IV _____ PO _____			
	Assess need for stomach protection.			
	Insert PIID			
	Consider DVT prophylaxis (Bedrest/limited activity)			
	Blood glucose q _____hr			
	* Respiratory Care provided. (See Respiratory Care Record)			

Patient Care Categories		D	E	N
Teaching & Psychosocial	Encourage verbalization of fears / concerns.			
	Assess readiness to learn			
	Initial learning needs identified:			
	COPD booklet given to patient/family.			
	COPD Teaching Protocol initiated.			
Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.			
	* Sputum gram stain and C & S			
Safety & Activity	Falls protocol initiated.			
	* Activity level: * Bedrest with BRP.			
	Provide for uninterrupted sleep / rest periods.			

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ADDRESSOGRAPH

DESIRED OUTCOMES **D = DAYS E = EVENINGS N = NIGHTS**

Problem/ Needs	Day 2 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.			
	Verbalizes / demonstrates knowledge of : • Medications • Activity Limitations • Importance of follow-up care			
Pain Management	Pain free or verbalizes relief after intervention.			
Ineffective Breathing Pattern Shortness of Breath	Demonstrates improved gas exchange evidenced by: • Stable Mental Status • Improved breath sounds • Decreased expiratory effort • Increased clearing of secretions			
Anxiety	Verbalizes decreasing anxiety			
Alterations in ADL's	Able to perform ADL's with minimal assist			
	Tolerates OOB to chair			
	Ambulates with assistance			

Problem/ Needs		D	E	N
Patient Safety	Remains injury free in a safe environment.			
	No signs or symptoms of: • Infection • DVT or Pulmonary Emboli • Hypokalemia			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
Discharge Plan				

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan	Initiate Discharge Plan			

Patient Care Categories		D	E	N
Nutrition	* Diet:			
	% of diet consumed: Breakfast _____% Lunch _____ % Dinner _____ %			
	Intake < 50 % - notify RD			

** indicates medical orders needed*

MR # _____ **INTERVENTIONS**

Patient Care Categories	DAY 2 Date: _____	D	E	N	Patient Care Categories		D	E	N
Assessment & Treatments	* Vital signs q ___ hr.				Teaching & Psychosocial	Encourage verbalization of fears / concerns.			
	* O_2: _____					Instruct: • Medications: Dosage, indications, actions and side effects / interactions			
	* I&O					List medications:			
	Assess respiratory status.								
	Assess level of consciousness.					Use of MDI			
	*IV Corticosteroids								
	*Antibiotics IV _____ PO _____					Smoking cessation -			
	Assess need for stomach protection.								
	Maintain or dc'd PIID					• Activity limitations			
	Consider DVT prophylaxis (Bedrest/limited activity)					• Diet			
	Blood glucose q _____hr								
	• Consider referral to Pulmonary Rehab					• Importance of follow-up care			
	• Consider referral to smoking cessation program				Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.			
						* Repeat K+ Level			
					Safety & Activity	* OOB to chair with BRP * Ambulates with assist			
						Provide for uninterrupted sleep / rest periods.			
						Assess need for functional evaluation by physical medicine and rehabilitation.			
	* Respiratory Care provided. (See Respiratory Care Record)								

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DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/ Needs	Day 3 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.			
	Verbalizes / demonstrates knowledge of : • Dx • Medications • Activity Limitations • Importance of follow-up care			
Pain Management	Pain free or verbalizes relief after intervention.			
Ineffective Breathing Pattern Shortness of Breath	Tolerates increased activity with minimal SOB			
Anxiety	Verbalizes the level of anxiety has decreased			
Alterations in ADL's	Able to perform ADL's with minimal assist			
	Tolerates ambulation (choose one): — with assistance — without assistance			

Problem/ Needs		D	E	N
Patient Safety	Remains injury free in a safe environment.			
	No signs or symptoms of: • Infection • DVT or Pulmonary Emboli • Hypokalemia			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
Discharge Plan	Discharge Plan completed and communicated to patient / family			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan				

Patient Care Categories		D	E	N
Nutrition	* Diet:			
	% of diet consumed: Breakfast _____% Lunch _____ % Dinner _____ %			
	Intake < 50 % - notify RD			

* indicates medical orders needed

MR # _____ **INTERVENTIONS**

Patient Care Categories	DAY 3 Date: _____	D	E	N
Assessment & Treatments	* Vital signs q ___ hr.			
	* O_2: _____			
	* I&O			
	Assess respiratory status.			
	Assess level of consciousness.			
	*IV Corticosteroids IV _____ PO _____			
	*Antibiotics IV _____ PO _____			
	Assess need for stomach protection.			
	Maintain or dc'd PIID			
	Consider DVT prophylaxis (Bedrest/limited activity)			
	Blood glucose q _____hr			
	* Respiratory Care provided. (See Respiratory Care Record)			

Patient Care Categories		D	E	N
Teaching & Psychosocial	Encourage verbalization of fears / concerns.			
	Instruct: • Discharge Medications: Dosage, indications, actions and side effects / interactions			
	• List medications:			
	• Meter Dose Inhaler use			
	• Activity limitations			
	• Diet			
	• Importance of follow-up care			
Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.			
Safety & Activity	* OOB to chair with BRP			
	Ambulates (choose one): — with assistance — without assistance			

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D = DAYS E = EVENINGS N = NIGHTS

Problem/ Needs	Day 4 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.			
	Verbalizes / demonstrates knowledge of : • Dx • Medications • Activity Limitations • Importance of follow-up care			
Pain Management	Pain free or verbalizes relief after intervention.			
Ineffective Breathing Pattern Shortness of Breath	Tolerates increased activity with minimal SOB			
Anxiety	Verbalizes the level of anxiety has decreased			
Alterations in ADL's	Able to perform ADL's with minimal assist			
	Tolerates ambulation (choose one): — with assistance — without assistance			

Problem/ Needs		D	E	N
Patient Safety	Remains injury free in a safe environment.			
	No signs or symptoms of: • Infection • DVT or Pulmonary Emboli • Hypokalemia			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
Discharge Plan				

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan				

Patient Care Categories		D	E	N
Nutrition	* Diet:			
	% of diet consumed: Breakfast _____% Lunch _____ % Dinner _____ %			
	Intake < 50 % - notify RD			

* indicates medical orders needed

MR # _____ **INTERVENTIONS**

Patient Care Categories	DAY 4 Date: _____	D	E	N	Patient Care Categories		D	E	N
Assessment & Treatments	* Vital signs q ___ hr.				Teaching & Psychosocial	Encourage verbalization of fears / concerns.			
	* O_2: _____					Instruct: • Discharge Medications: Dosage, indications, actions and side effects / interactions			
	* I&O					• List medications:			
	Assess respiratory status.								
	Assess level of consciousness.					• Meter Dose Inhaler use			
	*IV Corticosteroids IV _____ PO _____					• Activity limitations			
	*Antibiotics IV _____ PO _____								
	Assess need for stomach protection.					• Diet			
	Maintain or dc'd PIID								
	Consider DVT prophylaxis (Bedrest/limited activity)					• Importance of follow-up care			
	Blood glucose q _____hr								
					Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.			
					Safety & Activity	* OOB to chair with BRP			
						Ambulates (choose one): — with assistance — without assistance			
	* Respiratory Care provided. (See Respiratory Care Record)								

COPD

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DESIRED OUTCOMES — **D = DAYS E = EVENINGS N = NIGHTS**

Problem/ Needs	Day 5 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.			
	Verbalizes / demonstrates knowledge of : • Dx • Medications • Activity Limitations • Importance of follow-up care			
Pain Management	Pain free or verbalizes relief after intervention.			
Ineffective Breathing Pattern Shortness of Breath	Tolerates increased activity with minimal SOB			
	ABG's stable at baseline			
Anxiety	Verbalizes the level of anxiety has decreased			
Alterations in ADL's	Able to perform ADL's with minimal assist			
	Tolerates ambulation (choose one): — with assistance — without assistance			

Problem/ Needs		D	E	N
Patient Safety	Remains injury free in a safe environment.			
	No signs or symptoms of: • Infection • DVT or Pulmonary Emboli • Hypokalemia			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
Discharge Plan				

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan				

Patient Care Categories		D	E	N
Nutrition	* Diet:			
	% of diet consumed: Breakfast _____% Lunch _____ % Dinner _____ %			
	Intake < 50 % - notify RD			

** indicates medical orders needed*

MR # _____ **INTERVENTIONS**

Patient Care Categories	DAY 5 Date: _____	D	E	N
Assessment & Treatments	* Vital signs q ___ hr.			
	* O_2: _____			
	* I&O			
	Assess respiratory status.			
	Assess level of consciousness.			
	*IV Corticosteroids IV _____ PO _____			
	*Antibiotics IV _____ PO _____			
	Assess need for stomach protection.			
	Maintain or dc'd PIID			
	Consider DVT prophylaxis (Bedrest/limited activity)			
	Blood glucose q _____hr			
	• Consider referral to Pulmonary Rehab			
	• Consider referral to smoking cessation program			
	* Respiratory Care provided. (See Respiratory Care Record)			

Patient Care Categories		D	E	N
Teaching & Psychosocial	Encourage verbalization of fears / concerns.			
	Instruct: • Discharge Medications: Dosage, indications, actions and side effects / interactions			
	• List medications:			
	• Meter Dose Inhaler use			
	• Activity limitations			
	• Diet			
	• Importance of follow-up care			
Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.			
Safety & Activity	* OOB to chair with BRP			
	Ambulates (choose one): — with assistance — without assistance			

University Medical Center ** indicates medical orders needed*