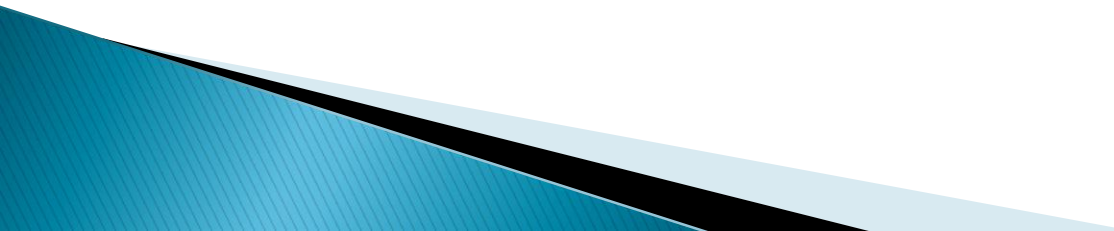


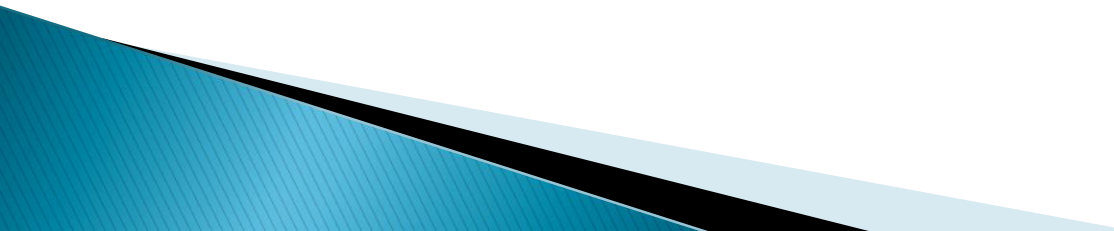
COPD Pathway for SNF

9/16/14

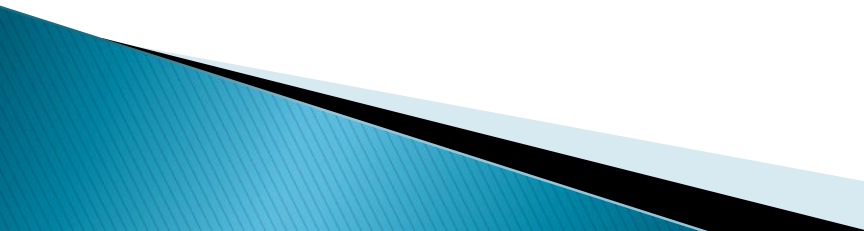
COPD

- ▶ Affects 5% of population
 - ▶ 3rd Common Cause of Death
 - ▶ 133,660 average deaths yearly
 - ▶ Common cause for readmission
- 

COPD History

- ▶ Usually 25 pack year history of smoking or greater
 - ▶ Usually have daily morning cough
 - ▶ Daily mucous production, especially in the am
 - ▶ Reduced exercise capacity
 - ▶ May have frequent colds or flu
 - ▶ Last Flu and Pneumonia shots
 - ▶ Current medications
- 

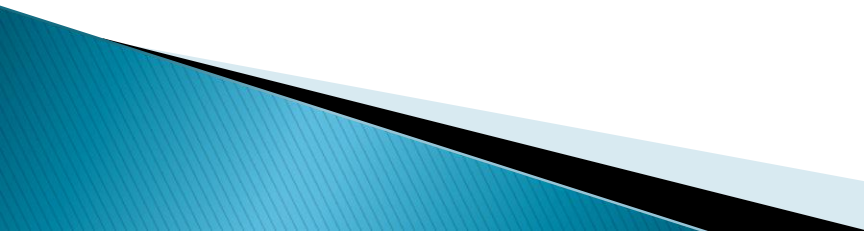
COPD Physical Exam

- ▶ Spirometry if available
 - ▶ O2 Saturation, on RA, concern if less than 90
 - ▶ Using accessory muscles to breath
 - ▶ Lung sounds
 - ▶ Vitals
 - ▶ Chest x-ray
 - ▶ Mental Status Changes
 - ▶ Recent Flu in facility
 - ▶ How does patient appear, compared to baseline
- 

Treatment

- ▶ Confirm code status, Y/N
- ▶ Desire to be transferred to hospital Y/N
- ▶ IF desires, hospital, if O2 sat less than 90, and respiratory rate greater than arrange transport ASAP

Treatment in Facility

- ▶ If O₂ sat, less than 90, start on oxygen
 - Titrate up to 2–3 liters to maintain O₂ saturation greater than 90
 - ▶ Consider starting on Prednisone 40 mg daily for 5–10 days
 - ▶ Control nasal secretions with flonase, or afrin, or Ocean Nasal Spray
 - ▶ Good Pulmonary Toilet
 - ▶ Elevate Head of Bed
 - ▶ Consider ABO, Levaquin, or Zithromax/Ceftin
 - ▶ Breathing Treatments, duonebs, or albuteral via neb q 2 hours prn
 - ▶ Consider anxiolytics, Morphine Sulfate 1–2 mg SL, or ativan
 - ▶ Reassess frequently and advise PCP
- 

COPD

- ▶ Questions