




**COPD Admission -DEBMCOPD**

(orders in addition to General Admission orders)

**Respiratory**—please enter appropriate respiratory orders according to meds ordered.

**Medications**

<p><b>Antibacterial Agents</b></p> <p>amoxicillin-clavulanate (AUGMENTIN)  <input type="checkbox"/> 500 mg PO 3 times a day</p> <p>ampicillin-sulbactam (UNASYN)  <input type="checkbox"/> 1.5 gram IV Q 6 hrs  <input type="checkbox"/> 3 gram IV Q 6 hrs</p> <p>piperacillin-tazobactam (ZOSYN)  <input type="checkbox"/> 3.375 gram IV Q 6 hrs</p> <p>Doxycycline  <input type="checkbox"/> 100 mg PO Q 12 hrs</p>		<p>levofloxacin (LEVAQUIN)  <input type="checkbox"/> 500 mg IV Q 24 hrs  <input type="checkbox"/> 750 mg IV Q 24 hrs</p> <p>BACTRIM DS  <input type="checkbox"/> 1 tablet PO 2 times a day</p> <p>azithromycin (ZITHROMAX)  <input type="checkbox"/> 500 mg IV Q 24 hrs</p> <p>rocephin (ceftriaxone)  <input type="checkbox"/> 1 gm IVPB Q 24 hrs</p>
<p><b>Bronchodilators</b> </p> <p>formoterol (FORADIL)  <input type="checkbox"/> 1 capsule inhaled Q 12 hrs</p> <p>albuterol  <input type="checkbox"/> 2 puffs (90mcg) 4 times a day   <input type="checkbox"/> 2.5 mg nebulized Q 6 hrs   <input type="checkbox"/> 5 mg nebulized Q 6 hrs</p> <p>levalbuterol (XOPENEX)  <input type="checkbox"/> 0.63 mg nebulized Q 6 hrs   <input type="checkbox"/> 1.25 mg nebulized Q 6 hrs</p> <p>ipratropium (ATROVENT)  <input type="checkbox"/> 500 mcg nebulized Q 6 hrs</p> <p>COMBIVENT  <input type="checkbox"/> 2 puffs inhaled 4 times a day</p>		
<p><b>Corticosteroids</b> </p> <p>fluticasone (FLOVENT)  <input type="checkbox"/> 1 puff (220 mcg) 2 times a day   <input type="checkbox"/> 2 puffs (110 mcg) 2 times a day</p> <p>predniSONE  <input type="checkbox"/> 40 mg PO daily   <input type="checkbox"/> 60 mg PO daily</p> <p>dexamethasone  <input type="checkbox"/> 8 mg IV push Q 12 hrs</p>		
<p><b>Leukotriene Receptor Antagonists</b></p> <p>montelukast (SINGULAIR)  <input type="checkbox"/> 10 mg PO daily, at bedtime</p>	<p> = Performance Measure</p>	

**Consults**

- Consult to pulmonary rehabilitation
- Consult to pulmonology Dr. \_\_\_\_\_
- Consult to respiratory therapy

**Provider Signature**

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

Patient Information

St. Elizabeth's Hospital  
Belleville, Illinois

**COPD Admission**

Form # 1374

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