

**ASTHMA/COPD RISK STRATIFICATION TOOL**

UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)

**IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.**
**ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)**

- Respiratory fatigue / failure
  - Respiratory Rate (RR) > 40
  - Pulse oximetry < 90 % on supplemental oxygen
  - pCO<sub>2</sub> > 45
  - pH < 7.3
- Inability to perform spirometry or peak flows
- Peak flow < 20% of predicted
- Pneumonia
- Bronchospasm due to aspiration or foreign body
- Pregnancy
- Abnormal mentation
- Evidence of CHF
- Temperature > 101F
- Need for continuous nebs tx, BIPAP, heliox
- Diagnostic EKG changes
- Positive cardiac biomarkers

**PATIENT MUST MEET ALL OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)**
**\*\*\*THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.\*\*\***
**OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)**

- Shortness of breath
- Mild to moderate use of accessory muscles
- Wheezing
- Fair to good air exchange
- Stable blood pressure
- Normal mentation

**Observation Unit Disposition Decision**

Major resolution of SOB / wheezing	All criteria present	<b>DISCHARGE</b>
Peak flow > 50% of predicted		
Ambulating comfortably		
Deterioration of condition	Any criteria present	<b>ADMIT</b>
Peak flow < 20% of predicted		
Respiratory rate (RR) > 35		
Pulse oximetry < 90% on room air x 30 minutes		

**LEVEL OF CARE DETERMINATION AFTER RISK STRATIFICATION (Check One):**

- Observation**
- Admit** (*Use the appropriate admission order forms*)

MD Signature: \_\_\_\_\_ Beeper #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_