The Hospital of Central Connecticut

Asthma/COPD Observation
Physician Orders

ALLERGY STICKER

Date/Time:	Refer to Observation For Service of Dr. _____

DO NOT USE ABBREVIATIONS: µ, mcg, u, iu, QD, QID, QOD, B.I.W., T.I.W., MgS04, MS04, MS, HISS, RISS, AD, AU, AS
Please check box to activate the order. Cross out (X) any blank spaces prior to signing orders.

Non-Medication Orders	Medication Orders
Date/Time	Date/Time
☐ **Cardiac Monitoring: Indication _____**	☐ IV fluids: _____
DX: Asthma / COPD	@ ____ ml/hr x _____ liters
☐ Vitals: Every 4 hours	☐ Methylprednisolone ☐ 40 mg ☐ 125 mg (check one) IV x 1
Diet (Check One): ☐ Regular/house ☐ Clear Liquids ☐ NPO	☐ Prednisone _____ mg PO twice daily
☐ Carbohydrate Controlled (1800 kcal/day, no conc. Sweets)	**Nebulizer Orders (check one)**
☐ 2 gram Na ☐ Pureed ☐ Other: _____	☐ Albuterol neb 2.5 mg Nebs every _____ hours (every 4 or 6 hours)
Acitivity (Check One): ☐ Ambulate ad lib ☐ OOB to BR	PRN SOB/Wheezing
☐ Ambulate with assist ☐ Other: _____	☐ Albuterol 2.5 mg / Ipratropium 0.5 mg Nebs
☐ Intake and Output q shift	every _____ hours (every 4 or 6 hours) PRN SOB/Wheezing
☐ Insert Saline lock	
Labs at _____ (check box(es)): ☐ CBC ☐ lytes	☐ Acetaminophen 650 mg PO/PR every 6 hrs PRN
☐ other labs: _____	pain score 1-4 **and/or** Temp > 101F
☐ O_2 (circle): ___ per liter nasal; Other _____	☐ For smokers: Nicotine (Nicoderm)
☐ Notify MD for: HR < 55 or > 100	☐ 7 mg ☐ 14mg ☐ 21 mg (check one) patch topically Daily
RR < 12 or > 25	**Other Medications:**
Temp < 96F or > 100.4F	
SBP < 100, SBP > 170, DBP > 120	
SaO_2 < 90%	
☐ Peak flow pre and post every neb treatment	

MD Signature: _____ Beeper #: _____ Date: _____ Time: _____