Respiratory Care protocols must be ordered by a licensed practitioner for a specific patient prior to implementing any component of it. When a component is selected and implemented, it must be sent to the licensed practitioner for signature (i.e., Per protocol with co-sign).

1. Check accuracy and order home medications
2. Type in “Stable COPD” in the comments section of the “RT per Protocol” order
3. Only order COPD Specialist if admitted for pneumonia, COPD Specialist will address and order Pulmonary rehab
4. Address and order Pulmonary Rehab if COPD exacerbation under discharge tab if appropriate.
5. Is BTS ≤ 4 or at patient’s baseline BTS?

- BTS Score 7 – 8
  - SABA and anticholinergic every 1 hour up to three treatments then start continuous SABA and Anticholinergic
  - Chart BTS at the same frequency as the most frequent bronchodilator
  - Titrates according to BTS

- BTS Score 5 – 6
  - SABA and anticholinergic every 2 hours treatments: if not Continuous, then start SABA by 5 mg/kg as tolerated down to 5 mg/kg
  - Discontinue long acting and restart scheduled short acting according to BTS, Notify Physician

- BTS Score < 4
  - Anticholinergic every 4 hours and SABA every 2 hours pm
  - Is BTS ≤ 4 on every 4 hour rebs and ≤ 1 pm SABA a day and is not on continuous BiPAP?

- Perform In Check Is In Check ≥ 40 L/min?

- Start 2 3 Anticholinergic 25 mcg, inhalation twice daily and/or ipratropium 0.5 mg/kg by inhalation every 6 hours

* Bronchodilator Therapy Assessment Score

- Breathing Sounds
  - Normal / Clear
  - 1 End Expiratory Wheeze
  - 2 Pronounced Expiratory Wheeze
  - 3 Inspiratory & Expiratory Wheeze
  - 4 Absent or Nearly Absent

- Dyspnea
  - None
  - Slight
  - Modest
  - Severe

1. Refer to the Aerosolized Medication Delivery Policy for specific inhaled medications.
2. If starting twice daily medications prior to 1200, select “include now”
3. If starting once daily medications prior to 2000, select “include now”

Definition of concomitant medications: to determine the incidence of comorbid conditions, we searched the EMR for both International Classification of Disease(s) (ICD-9) and ICD-10 codes, as our post-intervention time period occurred during the changeover from ICD-9 to ICD-10.

- ICD-9 and ICD-10 codes associated with comorbid conditions:

  **Acute coronary syndrome:**
  - ICD-9 Codes: (with all subcategories or subdivisions)
  - ICD-10 Codes: (with all subcategories or subdivisions)

  **Asthma:**
  - ICD-9 Codes: (with all subcategories or subdivisions)
  - ICD-10 Codes: (with all subcategories or subdivisions)

  **Diabetes:**
  - ICD-9 Codes: (with all subcategories or subdivisions)
  - ICD-10 Codes: (with all subcategories or subdivisions)