






**GREY BRUCE HEALTH NETWORK**  
**CHRONIC OBSTRUCTIVE PULMONARY DISEASE**  
**CLINICAL PATHWAY**

Lions Head    Markdale    Meaford    Owen Sound  
 Southampton    Tobermory    Wiarton

PATIENT ID

PROCESS	PHASE 2 (Approximately 3 days)	DATE		DATE		DATE	
		INITIAL	DATE				
PATIENT OUTCOMES	OFF SUPPLEMENTAL OXYGEN OR ON USUAL O <sub>2</sub> IF ON CHRONIC HOME OXYGEN	FNPW	July 10/07				
	ACTIVITY LEVEL AS PER PREADMISSION						
	USUAL MENTAL STATUS	FNPW	July 12/07				
	TEMP LESS THAN 38° C	FNPW	July 12/07				
	DYSPNEA SCALE SCORE IMPROVING	FNPW	July 12/07				
	ON PO MEDS X 24 HOURS						
	UNDERSTANDS DIAGNOSIS AND DISCHARGE PLAN						
Once all Patient Outcomes are achieved, move to Discharge Criteria							
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VS Q8H, INCLUDING O <sub>2</sub> SATS			FNPW			
	MONITOR INTAKE / OUTPUT			FNPW			
	CHEST ASSESSMENT (BREATH SOUNDS, PRODUCTIVE COUGH)			FNPW			
	DYSPNEA SCALE WITH ACTIVITY			FNPW			
	DYSPNEA SCALE AT REST			FNPW			
	MENTAL STATUS (TIME, PLACE, PERSON)			FNPW			
	ISOLATION: DROPLET/CONTACT PRECAUTIONS IF NECESSARY			N/A			
	OTHER:			/			
CONSULTS	HOME O <sub>2</sub> THERAPY AS NEEDED			N/A			
DIAGNOSTICS/ LABORATORY	BLOOD WORK AS ORDERED			N/A			
	CXR IF NOT IMPROVING			N/A			
	ABG'S IF NEW HOME O <sub>2</sub> PATIENT			N/A			
	OTHER:			/			
	OTHER:			/			
MEDICATIONS	INTERMITTENT SET / IV AS ORDERED			N/A			
	SEE MEDICATION ADMIN RECORD (MAR)			FNPW			
	ASSESS PROPER USE OF INHALERS			FNPW			
	PREPARE DISCHARGE MEDICATION SHEET			N/A			
OTHER:			/				

**Patient Instruction for Dyspnea Scale:**

"This is a scale that asks you to rate the difficulty of your breathing. It starts at number 0 where your breathing is causing you no difficulty at all and progresses through to number 10 where your breathing difficulty is maximal. How much difficulty is your breathing causing you right now?"

- |  |   |
|--|---|
| 0 - Nothing at all                                       | 5 - Severe breathlessness                             |
| 0.5 - Very, very slight (just noticeable) breathlessness | 6 -   |
| 1 - Very slight breathlessness                           | 7 - Very severe breathlessness                        |
| 2 - Slight breathlessness                                | 8 -   |
| 3 - Moderate breathlessness                              | 9 - Very, very severe (almost maximal) breathlessness |
| 4 - Somewhat severe breathlessness                       | 10 - Maximal breathlessness                           |

PROCESS	PHASE 2 (Approximately 3 days) MAINTENANCE	DATE			DATE			DATE		
				N						
TREATMENTS/ INTERVENTIONS	O <sub>2</sub> IF INDICATED - DISCONTINUE IF O <sub>2</sub> SATS IN ORDERED RANGE AT REST AND WITH ACTIVITY			NA FN RN						
	OTHER:			/						
	OTHER:			/						
NUTRITION	REGULAR DIET, OR SPECIAL DIET <i>Diabetic</i> ENCOURAGE FLUIDS 2-3 LITRES/DAY			FN RN						
	IF TOLERATING DIET, ENCOURAGE SNACKS TO MEET INCREASED NUTRITIONAL NEED FROM ILLNESS			FN RN						
MOBILITY/ACTIVITY	INCREASE ACTIVITY AS TOLERATED			FN RN						
PSYCHOSOCIAL SUPPORT/ EDUCATION	REVIEW PATIENT PATHWAY			NA RN						
	CONTINUE TEACHING CHECKLIST			NA RN						
	REVIEW HANDOUTS			NA RN						
	ASSESS PATIENT KNOWLEDGE			FN RN						
DISCHARGE PLANNING	ASSESS DISCHARGE CRITERIA DAILY			FN RN						
	EQUIPMENT AND SUPPORTS ARRANGED			NA RN						
	BOOK FOLLOW UP APPOINTMENT POST DISCHARGE			NA RN						
	REVIEW DISCHARGE PLANS WITH PATIENT			FN RN						