

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

Hanover and District Hospital

PATIENT ID

INCLUSION CRITERIA

All patients who are admitted to hospital and diagnosed with Chronic Obstructive Pulmonary Disease (COPD).

EXCLUSION CRITERIA

Patients diagnosed with Febrile Neutropenia.

HOW TO USE THE CLINICAL PATHWAY

1. This is a proactive tool to avoid delays in treatment and discharge.
These are not orders, only a guide to usual orders.
2. Place the Clinical Pathway in the nurses clinical area of the chart. All health care professionals should fill in the master signature sheet at the front of the Pathway. Addressograph/sticker each page of the Pathway.
3. PHYSICIANS: Add or delete tasks according to individual patient complexity, and initial all changes.
4. HEALTH CARE PROFESSIONALS: Initial tasks as completed.
Place N/A and initial any box where the task is not applicable to the patient. Additional tasks due to patient individuality can be added to the pathway in "OTHER" boxes and/or Progress Notes.
5. PATIENT TRANSFERS: If patient is transferred to another hospital in Grey-Bruce or to CCAC, send a copy of the following to the receiving site/agency:
 - Discharge Criteria
 - MAR Sheet
 - Teaching Checklist

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

Hanover and District Hospital

PATIENT ID

COMORBID CONDITIONS:

PROCESS	PHASE 1 (Approximately 2 days)	DATE		DATE	
		INITIAL	DATE		
PATIENT OUTCOMES	DECREASED RESPIRATORY RATE			Once all Patient Outcomes are achieved, move to Phase 2	
	DECREASED HEART RATE				
	DECREASED TEMPERATURE				
	DYSPNEA SCALE SCORE IMPROVING				
	SATURATIONS ACHIEVED WITH LESS OXYGEN (FLOW OR %)				
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	VS Q4H & PRN X 24H; QID X 24H, INCLUDING O ₂ SATS				
	MONITOR INTAKE / OUTPUT				
	CHEST ASSESSMENT Q4H (BREATH SOUNDS, PRODUCTIVE COUGH)				
	DYSPNEA SCALE WITH ACTIVITY				
	DYSPNEA SCALE AT REST				
	MENTAL STATUS (TIME, PLACE, PERSON)				
	ISOLATION: DROPLET/CONTACT PRECAUTIONS				
OTHER:					
CONSULTS					

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 | 10 - Maximal breathlessness |

PROCESS	PHASE 1 <i>(Approximately 2 days)</i> ADMISSION - ACUTE	DATE		DATE	
DIAGNOSTICS/ LABORATORY	BLOOD WORK AS ORDERED				
	BLOOD CULTURE X 2 IF ORDERED				
	SPUTUM FOR C&S IF ORDERED				
	CXR, PA & LATERAL				
	ABGs				
	ECG IF ORDERED				
	ECG WITH CHEST PAIN AND NOTIFY PHYSICIAN				
	OTHER:				
MEDICATIONS	INTERMITTENT SET / IV AS ORDERED, REASSESS DAY 2				
	SEE MEDICATION ADMIN RECORD (MAR)				
	ASSESS HOME MEDICATIONS				
	OTHER:				
TREATMENTS/ INTERVENTIONS	ASSIST PERSONAL HYGIENE				
	OXYGEN TO KEEP O ₂ SATS 88-92 OR AS ORDERED				
	OTHER:				
NUTRITION	REGULAR DIET OR SPECIAL DIET _____, ENCOURAGE FLUIDS 2-3 LITRES/DAY				
MOBILITY/ACTIVITY	BRPs WITH ASSISTANCE, INCREASE TO AAT				
	WALK IN HALLWAY				
PSYCHOSOCIAL SUPPORT/ EDUCATION	ASSESS ANXIETY AND INTERVENE				
	REVIEW PATIENT PATHWAY				
	START TEACHING CHECKLIST				
DISCHARGE PLANNING	ASSESS DISCHARGE CRITERIA DAILY				
	ASSESS FOR CCAC REFERRAL IF:	• <4 DAY HOSPITAL STAY			
		• >70 YEARS OLD			
		• UNSTABLE SECONDARY DX			
		• SOCIAL SITUATION			
		• MEDICATION COMPLIANCE			

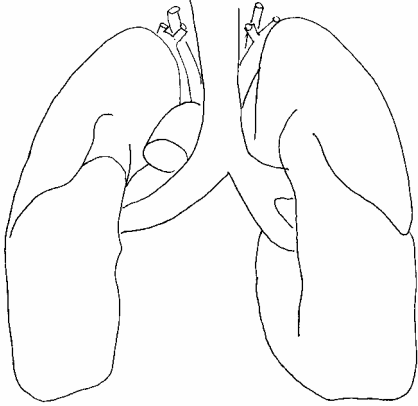
**CHRONIC OBSTRUCTIVE PULMONARY DISEASE
CHEST ASSESSMENT DOCUMENTATION FORM**

POSTERIOR VIEW OF LUNG
(See reverse side for instructions)

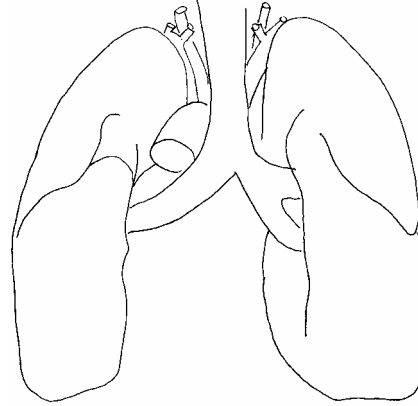
Hanover and District Hospital

PATIENT ID _____

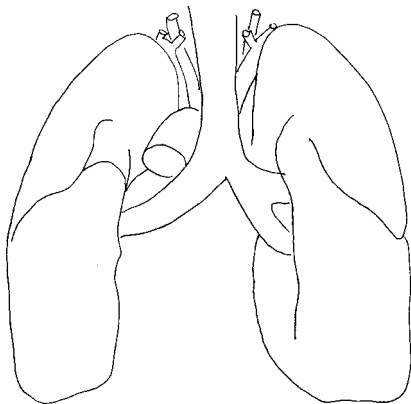
DATE: _____ TIME: _____ INITIAL: _____
DYSPNEA SCORE: Activity _____ Rest _____



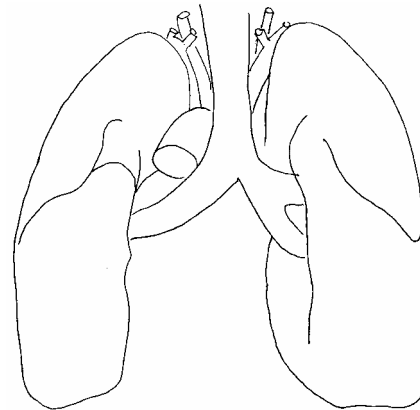
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DYSPNEA SCORE: Activity _____ Rest _____



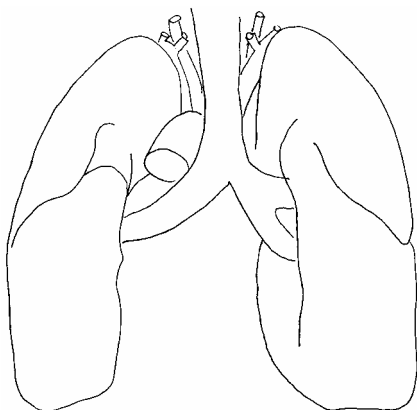
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DYSPNEA SCORE: Activity _____ Rest _____



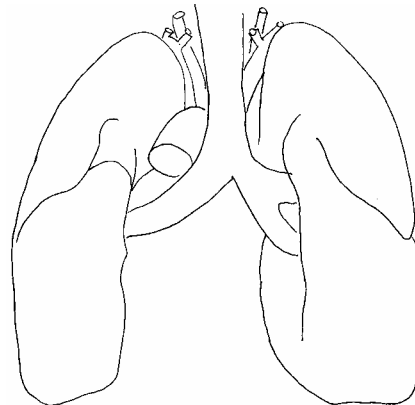
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DATE: _____ TIME: _____ INITIAL: _____
DYSPNEA SCORE: Activity _____ Rest _____



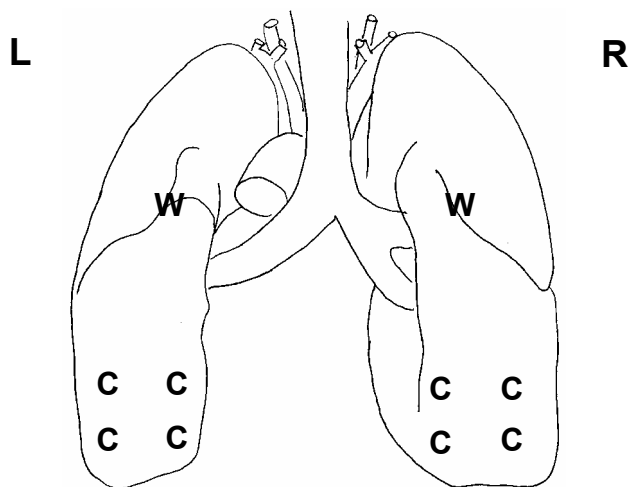
DATE: _____ TIME: _____ INITIAL: _____
DYSPNEA SCORE: Activity _____ Rest _____



INSTRUCTIONS:

On the diagram, record the various lung sounds heard using a series of legend-identified symbols.

**SAMPLE
POSTERIOR VIEW (LEFT/RIGHT)**



LEGEND:

W - WHEEZES
C - CRACKLES
A - ABSENT BREATH SOUNDS

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GREY BRUCE HEALTH NETWORK CHRONIC OBSTRUCTIVE PULMONARY DISEASE CLINICAL PATHWAY

Hanover and District Hospital

PATIENT ID

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

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

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PROCESS	DISCHARGE CRITERIA	DATE MET	INITIAL
ASSESSMENT (OBSERVATIONS/ MEASUREMENTS/ ELIMINATION)	DECREASED SPUTUM PRODUCTION AND PURULENCE FROM ONSET		
	RESP <24/MIN FOR 12-24 HOURS		
	TEMP <38 FOR 12-24 HOURS		
	PULSE <100 BPM FOR 12-24 HOURS		
	DYSPNEA SCALE NORMAL FOR PATIENT		
	USUAL MENTAL STATUS		
	O ₂ SATS >90% OR AS ORDERED - WITHIN PATIENT'S NORM		
CONSULTS	FOLLOW UP CHEST X-RAY		
DIAGNOSTICS/ LABORATORY	STABLE COMORBID ILLNESS		
MEDICATIONS	PATIENT DEMONSTRATES ACCURATE USE OF METERED DOSE INHALER		
	INHALED BETA 2 AGONIST THERAPY REQUIRED NO MORE THAN Q4H		
	NO ANTIPYRETICS FOR 24 HOURS		
	DISCHARGE MEDICATION LIST REVIEWED AND COPY TO PATIENT		
TREATMENTS/ INTERVENTIONS	INFLUENZA VACCINE (Follow-up if appropriate)		
	PNEUMOCOCCAL VACCINE (Follow-up if appropriate)		
NUTRITION	TOLERATING REGULAR DIET		
MOBILITY/ACTIVITY	PATIENT'S NORMAL ACTIVITY		
PSYCHOSOCIAL SUPPORT/ EDUCATION	HANDOUT AND PATIENT PATHWAY HOME WITH PATIENT		
	TEACHING CHECKLIST COMPLETE		
	PATIENT QUESTIONS ANSWERED		
DISCHARGE PLANNING	CCAC IF NECESSARY		
	FOLLOW UP APPOINTMENT WITHIN 2 WEEKS OF DISCHARGE		

