

## **COPD OBSERVATION PROTOCOL**

### **MCEP Observation Committee**

This protocol is the result of a collaborative effort of the Observation Medicine Committee consisting of Observation medical directors and physicians throughout the state. This protocol can serve as a compliment in the treatment of heart failure at your institution; it also requires proper vetting, support, and implementation to succeed. We hope these protocols can assist other emergency physicians that currently have or are thinking of starting an observation unit.

#### **INCLUSION CRITERIA**

- Stable or acceptable vital signs (pulse ox  $\geq 90\%$  with normal home requirements)
- Intermediate response to therapy in ED; improving but still wheezing/symptomatic and high likelihood of further improvement and subsequent discharge home within 24 hours
- No acute mental status changes
- Plan of care established

#### **EXCLUSION CRITERIA**

- Depressed mental status or altered level of consciousness
- Signs/symptoms of impending respiratory fatigue or failure (ex. High RR, requiring Bipap, accessory muscle use, PaO<sub>2</sub> <60mmHg +/- PaCO<sub>2</sub> >50mmHg)
- Significant dysrhythmia, ischemic ECG changes, or Theophylline toxicity
- Findings suggesting an alternative etiology for respiratory symptoms (ex. PE, drug overdose or toxic ingestion) - excludes from this protocol
- Presence of serious active co-morbidities (ex. CHF, pneumonia, new arrhythmia)
- Clinical decline despite 24 hours of outpatient steroids
- ED or Observation Provider concern (ex. similar prior hospitalizations requiring intubation or ICU, requiring continuous nebulized bronchodilator therapy in the ED)

#### **INTERVENTIONS (AS INDICATED)**

- Serial vital signs and re-evaluations including mental status evaluation

- Pulse oximetry monitoring
- Cardiac monitoring
- Oxygen
- CXR
- BNP, ECG, cardiac enzymes, ABG
- Scheduled short-acting nebulized beta2-agonists and anticholinergics
- Systemic corticosteroids
- Systemic antimicrobial therapy
- IV hydration
- IV Magnesium sulfate
- Smoking cessation counseling

## **DISPOSITION**

### **Home**

- Improved clinical symptoms
- Acceptable vital signs, pulse oximetry  $\geq 90\%$  on room air or home O<sub>2</sub> and/or at baseline
- No longer needing albuterol  $\leq q4$ hrs
- Adequate follow-up plan established and patient education

### **Admit**

- Conversion to an Exclusion Criteria
- Subjective worsening and/or failure to improve

## **REFERENCES**

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The MCEP Observation Committee meets quarterly to discuss current issues and common goals of Observation Medicine in our state. Our members consist of Observation medical directors and physicians. We welcome anyone with an interest in Observation Medicine to join our committee! Please contact Margarita Pena at: [margarita.pena@ascension.org](mailto:margarita.pena@ascension.org).

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