

Infectious exacerbation of COPD Standing Order

Issue date:		Review date:	
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This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

Standing Order Name	Infectious exacerbation of chronic obstructive pulmonary disease
Rationale	To promptly and appropriately assess and manage moderate infections associated with COPD.
Scope (condition and patient group)	Adult patients with a diagnosis of COPD who are presenting with signs and symptoms of an infectious exacerbation.
Red Flags	If severe exacerbation [resp rate >25 or <12/min, pulse > 120/min] and two out of the following three are present: purulent sputum, increased sputum production, increasing dyspnoea – then consideration needs to be given to IV antibiotics for the first 1-2 doses.
Assessment	Give antibiotics if there is an increase in 2 or more of the following: <ul style="list-style-type: none"> • purulent sputum; • increased sputum production; • increasing dyspnoea
Indication	Moderate infectious exacerbation of COPD
Medicine	Amoxicillin 500mg
Dosage instructions	500mg THREE times daily for 5 days
Route of administration	Oral
Quantity to be given	5 days
Contraindications	Patients who are allergic to penicillin's
Precautions	<ul style="list-style-type: none"> • Severe renal impairment
Indication	Penicillin allergic patients who have a moderate infectious exacerbation of COPD
Medicine	Doxycycline 100mg
Dosage instructions	200mg on day one, then 100mg ONCE daily for 5 days
Route of administration	Oral
Quantity to be given	5 days
Contraindications	Hepatic impairment Pregnancy (category D) Breastfeeding
Precautions	<ul style="list-style-type: none"> • Renal impairment • Alcohol dependence, • Systemic Lupus Erythematosus or myasthenia gravis
Indication	Patients who have been treated for infectious exacerbation of COPD in the last 3 months OR a recent culture of beta-lactamase producing organism
Medicine	Amoxicillin/clavulanic acid 500/125mg
Dosage instructions	ONE tablet THREE times daily for 5 days
Route of administration	Oral
Quantity to be given	5 days
Contraindications	Patients who are allergic to penicillin's
Precautions	<ul style="list-style-type: none"> • Severe renal and hepatic impairment

Indication	To reduce inflammation and risk of relapse after an infectious exacerbation of COPD
Medicine	Prednisone
Dosage instructions	40mg ONCE daily for 5 days. Give first dose asap, then advise patient to take subsequent doses in the morning.
Route of administration	Oral
Quantity to be given	5 days
Contraindications	Systemic infection
Precautions	<ul style="list-style-type: none"> Warn patients about potential mood and behaviour changes Warn patients that they can be at increased risk of infections, especially chicken pox and measles. There is no role for increasing inhaled corticosteroids
Indication	To help open airways in an infectious exacerbation of COPD
Medicine	Salbutamol 100 microgram <u>inhaler</u>
Dosage instructions	Give ONE puff at a time, via spacer, shaking inhaler between each dose. Give 4-6 puffs in total. Can be repeated every 3-4 hours.
Route of administration	Inhaled
Quantity to be given	1 x 100 microgram inhaler
Contraindications	None
Precautions	<ul style="list-style-type: none"> High dose can lead to tachycardia, palpitations and arrhythmias- monitor
Additional information	<p>Patients with COPD will often require greater than 5 days of antibiotics, but it is essential that when working under this standing order the patient is reviewed again before the antibiotics are completed to decide whether another 5 days course is needed.</p> <p>Reassure that recovery to reach baseline may take around 30 days.</p> <p>Review medications and inhaler technique.</p>
Follow-up	<p>Review again in 5 days to ensure treatment has been successful and to see if further antibiotics are required.</p> <p>At the same time review severity status and long term management.</p>
Countersigning and auditing	<p>Countersigning is not required. Audited monthly.</p> <p>OR</p> <p>Countersigning is required within XX days</p>
Competency/training requirements	All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order.
Supporting documentation	<p>Healthpathways at www.healthpathways.org.nz</p> <p>Best Practice Journal at www.bpac.org.nz</p> <p>New Zealand Formulary at www.nzf.org.nz</p> <p>Individual medicine data sheets at www.medsafe.govt.nz</p> <p>Standing Order Guidelines, Ministry of Health, 2012</p> <p>Medicines (Standing Order) Regulations 2012 (Standing Order Regulations)</p>
Definition of terms used in standing order	None

Medical Centre or Clinic:	
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Signed by issuers

Name: _____

Signature: _____

Title: _____

Date: _____

Nurses operating under this standing order

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____