 **Infectious exacerbation of COPD Standing Order**

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| Issue date: |  | Review date: |  |

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.

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| **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:   * 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** | * Severe renal impairment |
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| **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** | * Renal impairment * Alcohol dependence, * Systemic Lupus Erythematosus or myasthenia gravis |
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| **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** | * Severe renal and hepatic impairment |
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| **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** | * 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 |
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| **Indication** | **To help open airways in an infectious exacerbation of COPD** |
| **Medicine** | **Salbutamol** 100 microgram inhaler |
| **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** | * High dose can lead to tachycardia, palpitations and arrhythmias- monitor |
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| **Additional information** | Patients with COPD will often require greate 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.  Reassure that recovery to reach baseline may take around 30 days.  Review medications and inhaler technique. |
| **Follow-up** | Review again in 5 days to ensure treatment has been successful and to see if further antibiotics are required.  At the same time review severity status and long term management. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **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** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | None |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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