

# KHA INPATIENT (IP) CLINICAL PATHWAY COPD AND POST TRANSITION MANAGEMENT

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## BROAD OVERVIEW:

### 1. Initial Assessment:

- S&S: Chronic cough, sputum production, dyspnea, wheezing.
- Physical Exam: Check for signs of respiratory distress, auscultate lungs for abnormal sounds, V/S: Measure T, HR, RR, O2 sat, BP.

### 2. Diagnostic Testing:

- Spirometry: Confirm diagnosis w/post-bronchodilator spirometry (FEV1 < 40%/FVC < 0.7).
- CXR: To r/o other conditions & assess lung damage.
- Labs: CBC, if hypoxic, do Sputum C&S, CMP, and U&E.
- Additional Tests: Consider CT scans for detailed lung imaging if other conditions are suspected, PEFR, ECG.

### 3. Treatment:

- IV access (KVO rate or otherwise ordered by ED MD)
- Bronchodilators: **Use link or facility's protocol**
  - ▶ [POCKET-GUIDE-GOLD-2024-ver-1.2-11Jan2024\\_WMV \(2\).pdf](#)
- **Consider other treatment options (inhaled corticosteroids, oral corticosteroids, roflumilast, etc.)**
- Supportive Care: O2 therapy if hypoxic, pulmonary rehabilitation, nutritional support.
- Vaccinations: Annual flu vaccine & pneumococcal vaccine to prevent respiratory infections.

### 4. Monitoring and Follow-Up:

- Regular Assessment: Monitor symptoms, lung function, & response to treatment.
- Adjust Treatment: Based on clinical response & spirometry results.
- Exacerbation Management: Plan for managing acute exacerbations, including antibiotics (ATBs) and oral corticosteroids if needed.
- Comorbidities: Manage associated conditions like cardiovascular disease (CVD), DM, & depression.

### 5. Patient Education:

- Smoking (any form) Cessation: Importance of quitting smoking, vaping, etc. to slow disease progression.
- Med Adherence: Proper use of inhalers & adherence to prescribed meds.
- Self-Management: Recognizing symptoms of exacerbations & knowing when to seek medical help.
- Lifestyle Changes: Encouraging physical activity, healthy diet, & vaccinations.
- Action Plan: Develop a COPD action plan w/ the patient to manage symptoms & exacerbations.

### 6. Discharge Criteria:

- Clinical Stability: Improved symptoms, stable V/S.
- F/U Plan: Schedule regular f/u visits w/ primary care provider or pulmonologist.

**7. Advanced Care Planning:**

- Home Health Services (Place your agencies information below)

Agency	Service Areas	Phone

- Rehabilitation Services

Agency	Service Areas	Phone

- Palliative Care Services: For patients w/ advanced COPD, consider palliative care to manage symptoms and improve QOL.

Agency	Service Areas	Phone

- End-of-Life Care: Discuss advanced directives & end-of-life care preferences w/ the patient & family

Agency	Service Areas	Phone

**KEY POINTS ABOUT CLINICAL PATHWAYS:**

- **Standardization:** Help reduce variability in clinical practice by providing a standardized approach to treatment.
- **Multidisciplinary:** Involve a team from different specialties working together to provide coordinated care.
- **Evidence-Based:** Developed based on the latest research and clinical evidence to ensure the best possible outcomes.
- **Efficiency:** By outlining the sequence and timing of interventions, they help streamline the care process, making it more efficient.
- **Patient-Centered:** Focus on the patient’s overall journey, ensuring that all aspects of care are addressed in a cohesive manner.

## ED

- Limitations of care (patient/family wishes, comorbidities, end of life/code status)
- Controlled O2 Tx (keep sats 88-92%)
- Establish IV access
- Bronchodilators-as ordered via spacer or nebulizer
- Systemic steroids-PO or IV
- ATB (if indicated)
- Test-VBG/ABG, CBC, CMP, CXR, urea & electrolyte (U&E), Peak Expiratory Flow Rate (if possible), ECG, Sputum sample

## CONT. CONTROLLED O2 OR BIPAP OR INTUBATION

### CONTROLLED O2 CONTINUATION

- Target O2 sat 92%
- Use NC or Venturi Mask
- Continue medical tx.

### BIPAP

- Indications: moderate to severe respiratory distress; tiring confusion, hypoxia despite O2 tx, worsening or new hypercapnia, new resp. acidosis
- If Yes → Initial setting as ordered for sats 90-92%
- Adjust accordingly to clinical response and ABGs
- Cont. medical tx.

### INTUBATION

- Indications: arrest, minimal respiratory effort, drowsy, severe resp. acidosis. Hypoxia despite BIPAP, unable to tolerate BIPAP
- Considered a high risk intubation
- Use of anesthesia as directed by ED MD
- Mechanical Vent settings as ordered
- Monitor for complications: pneumothorax, hyperinflation, etc.
- Do c-line or similar access
- Serial ABGs
- Cont. medical tx.

Description/Components	Description	Completed By
COPD Admission Orders	Evidence-based; Acute Admission	Physician
Admission to D/C Checklist: Transitions of Care	To assist staff to identify and record the completion of treatment/activities of COPD patient	Staff Providers
D/C Care Plan	Educational resources to review w/ COPD patients prior to D/C. Provided important messages, med list, diet, activities, f/u appointments, etc. Must provide a copy to the patient upon D/C	Staff providers D/C Staff-Care Navigators, Case Managers, Health Services, Rehabilitation Services, Palliative Care Team (if needed), etc.

## ADMISSION TO D/C CHECKLIST: TRANSITIONS OF CARE

Task	Completed	Not Indicted/ Other	Comments	Signature/Date
<b>Screen for malnutrition/Dietary consultation</b> <ul style="list-style-type: none"> <li><a href="#">mna-guide-english-sf.pdf</a></li> <li><a href="#">Guidance   Older Adult Nutrition Screening</a></li> <li><a href="#">SCREEN Tools   Older Adult Nutrition Screening</a></li> </ul>				
<b>Frailty Screen</b> <ul style="list-style-type: none"> <li><a href="#">Frailty: Evaluation and Management   AAFP</a></li> <li><a href="#">rockwood-frailty-scale_.pdf</a></li> </ul>				
<b>Cognitive Screen</b> <ul style="list-style-type: none"> <li><a href="#">Delirium Assessment in Hospitalized Patients Delirium-Pocket-Card</a></li> </ul>				
<b>SDoH Screen</b> (Living w/ COPD may impact other factors of health - referrals needed?) <ul style="list-style-type: none"> <li>Kynect Resources landing page: <a href="#">Kentucky Community Resources   kynect</a></li> <li><a href="#">kynect-FullPageforKYResidents.png (1545x2000)</a></li> <li>KHA <a href="#">SdoH-Guide</a></li> </ul>				
<b>RT admission referral services</b> (Treatments, inhaler education, etc.)				
<b>COPD Education:</b> <ul style="list-style-type: none"> <li><a href="#">KHA COPD Zone Tool</a></li> <li>ALA Action Plan: <a href="#">My-COPD-Action-Plan.pdf</a></li> </ul> <b>Tobacco Cessation:</b> <ul style="list-style-type: none"> <li><a href="#">Benefits of Quitting   American Lung Association</a></li> <li><a href="#">Health Effects of Smoking and Tobacco Products   American Lung Association</a></li> </ul> <b>ALA Report Card:</b> <a href="#">ala-copd-report-card.pdf</a> <b>Diet:</b> <a href="#">Nutrition Tips for Anyone with Lung Disease</a> <a href="#">Nutritional Guidelines When Living with Lung Disease</a>				

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## ADMISSION TO D/C CHECKLIST: TRANSITIONS OF CARE (continued)

Task	Completed	Not Indicted/ Other	Comments	Signature/Date
<b>Ambulation &amp; Activities</b> <ul style="list-style-type: none"> <li><a href="#">Tinetti-Balance-Gait--POMA.doc</a></li> <li><a href="http://Livingwellwithcopd.com/DATA/DOCUMENT">Livingwellwithcopd.com/DATA/DOCUMENT</a></li> </ul>				
<b>Medications</b>				
<b>Referral to Transition of Care/D/C Services/ End-of-Life-Care</b> <ul style="list-style-type: none"> <li>Home Health Services</li> <li>Rehabilitation Services</li> <li>Skilled Nursing Facility</li> <li>Palliative Care Services</li> </ul> <i>(Place links here)</i> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>				
<b>Vaccination Status (Flu &amp; Pneumococcal)</b>				
<b>Prior to D/C Checklist (Personalized Holistic Review):</b> <ol style="list-style-type: none"> <li>Address comorbidities/malnutrition/ cognitive, &amp; frailty</li> <li>Inhaler review</li> <li>Medicines optimization</li> <li>Diet &amp; activity</li> <li>Plan for exacerbations</li> <li>Need for pulmonary rehab?</li> <li>F/U appointments, HH, SNF, etc. <b>Secure these prior to discharge</b></li> <li>Vaccinations</li> <li>End of life care (Palliative Care Team)</li> </ol>				

## POST D/C FOLLOW UP / PHONE CALLS

Visit/Phone Call	Assessments of:	Education on:
<b>1st Visit</b>	V/S; Physical assessment, O2 use, Dietary and medication compliance, weight, activity level (need for Ot, PT?) availability & willingness of caregiver(s)	Medication regimen (including all OTC meds and supplements) Visit/phone schedule Discharge Plan
<b>2nd Visit</b>	V/S, O2 use, medication/dietary compliance, weight, activity level	Medication adherence (focus on inhalers and O2 use) S&S of COPD exacerbation When to call your doctor or for help (911/Ambulance)
<b>3rd Visit</b>	V/S, O2 use, medication/dietary compliance, weight, activity level	Compliance with meds, diet and activity regimens

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## POST D/C FOLLOW UP / PHONE CALLS (continued)

Visit/Phone Call	Assessments of:	Education on:
1st Phone Call	Have you had any SOA? Have you had any pain/cough/etc.? What was your most recent weight? What is your O2 sat showing? When is your next doctor's appointment? Have you been able to obtain and take your medications as order? Have you had any side effects with your medications? Do you have any questions for me?	Answer appropriate to patient's answers to questions
2nd Phone Call	Have you had your first F/U appointment? If not, when is it? Have you had any SOA? Have you had any pain/cough/etc.? What was your most recent weight? What is your O2 sat showing? Have you been able to obtain and take your medications as order? Have you had any side effects with your medications? Do you have any questions for me?	Answer appropriate to patient's answers to questions

### RESOURCES

- [nhs-rightcare-copd-pathway-v18.pdf](#)
- [ala-copd-report-card.pdf](#)
- [My COPD Action Plan](#)
- [Nutrition Tips for Anyone with Lung Disease](#)
- [Nutritional Guidelines When Living with Lung Disease](#)
- [Benefits of Quitting | American Lung Association](#)
- [Health Effects of Smoking and Tobacco Products | American Lung Association](#)
- [http://www.livingwellwithcopd.com/DATA/DOCUMENT/157\\_en%7Ev%7Ebeing-healthy-with-copd.pdf](http://www.livingwellwithcopd.com/DATA/DOCUMENT/157_en%7Ev%7Ebeing-healthy-with-copd.pdf)
- [http://www.livingwellwithcopd.com/DATA/DOCUMENT/65\\_en%7Ev%7Esummary-guide.pdf](http://www.livingwellwithcopd.com/DATA/DOCUMENT/65_en%7Ev%7Esummary-guide.pdf)

### For more information, contact:

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