COPD admission checklist

1. Ensure correct diagnosis - acute exacerbation of COPD

The diagnosis of an acute exacerbation of COPD starts with a clinical assessment and is supported by review of an ECG and CXR. Investigations & treatment should be performed <4 hours of admission. Performed?

Chest Xray done (aim <4 hours of admission)	
ECG done (aim <4 hours of admission)	
Record of spirometry in medical records	

All medical wards have access to a spirometer.

2. Assess oxygenation and prescribe target range for oxygen

Early oxygen assessment is associated with improved prognosis. See Prescription Chart

Observations (BP, T, RR, SpO ₂), aim <1 hour of admission	
Prescribe and sign for O_2 and SpO_2 target range	

3. Administer steroids and nebulisers

Nebulisers administer ≤ 4hrs of admission	
Steroids administer \leq 4hrs of admission	
Antibiotics (if required) \leq 4hrs of admission	

4. Recognise and respond to respiratory acidosis

Prompt use of NIV for Type 2 respiratory failure / pH <7.35 improves survival	
If O_2 sats \leq 94% after 1 hour medical therapy/ O_2 then:	
Perform ABG	
If pH<7.35 has patient started on NIV? (see NIV guidance on ICID)	

5. Refer to Respiratory Team on admission

Respiratory Nurse ext 4792 (please leave a message)	
Respiratory Medical Team via e-referral	

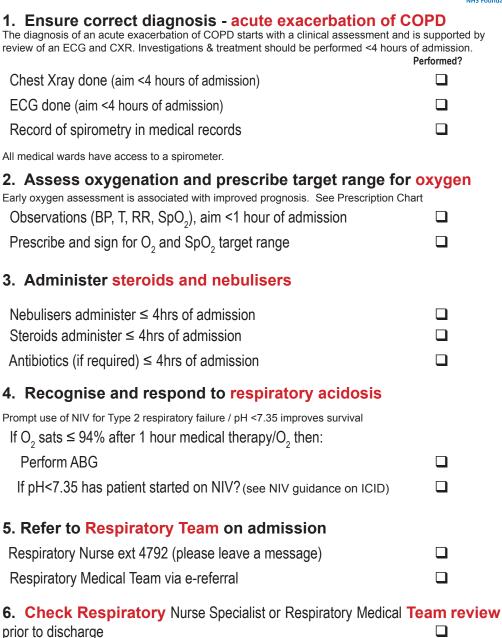
6. Check Respiratory Nurse Specialist or Respiratory Medical Team review prior to discharge

Signature/date



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