



MEDICAL DIRECTIVE: COPD MEDICAL DIRECTIVE

Approved by/Date: Medical Advisory Comm. – Nov 10, 2009

Authorizing Physician(s)

All LH ER Physicians

Authorized to Who

Any Registered Respiratory Therapist or Registered Nurse working in a Lakeridge Health Emergency Department who has attained validation to perform this medical directive may initiate the following for adult patients who present with COPD.

Patient Description / Population

Any adult patient who presents to Emergency with symptoms suggestive an exacerbation of COPD.

Medical Directive Description/Physician's Order

- O2 to keep oxygen saturation 88-92%
- Symptomatic treatment with Bronchodilators consisting of Salbutamol Sulphate (100mcg) 4-6 puffs q15 minutes x3 and Ipratropium Bromide (20ug) 4-6 puffs q15 x 3 metered dose inhalers (MDI) and a spacing device
- Obtain Arterial Blood Gases (ABG's) post treatment if patient in respiratory distress or unable to obtain O2 saturations. If patient on room air, obtain ABG on room air. Those patients on chronic supplemental oxygen at home, obtain ABG on their prescribed O2 flow rate.

Specific conditions/circumstances that must be met before the Directive can be implemented

- Patient has a history of COPD or symptoms suggestive of an exacerbation of COPD on initial assessment.
- Each health care provider will provide the portion of the directive that falls within their scope of practice.

Contraindications to the implementation of the Directive

- Lack of patient consent.
- Patient is in a premonitory state (silent chest, cyanosis, confusion)
- Patients taking Ipratropium should avoid touching their eyes as can cause irritation.
- Patient is not capable of cooperating with the procedure.

Identify relevant Delegated Control Act or Added Skill associated with this Directive

Initiation of treatment.
Placing a needle below the dermis; if ABG done.

Documentation requirements

- Implementation of the Medical Directive must be documented on the ER chart under physician orders
- Response to medication must be documented

Review/Evaluation Process (how often/by who)

Every 2 years by Corporate ER Council and Corporate RRT Council

Related Documents

References:

COPD Guidelines: The Canadian Thoracic Society’s evidence based clinical Practice guidelines 2004 Canadian Thoracic Society.

COPD Guidelines: The Canadian Thoracic Society’s evidence based clinical practice guidelines (2007 update)

GOLD – The Global Initiative for Chronic Obstructive Lung Disease Updated Nov. 2008

Approvals and Signatures:

Department Chief:	_____	_____	_____
	Name	Signature	Date
Medical Director:	_____	_____	_____
	Name	Signature	Date
Program Director:	_____	_____	_____
	Name	Signature	Date
Chair of HDAC:	_____	_____	_____
	Name	Signature	Date
Chair of CNAC:	_____	_____	_____
	Name	Signature	Date
Chair of P & T Comm.:	_____	_____	_____
	Name	Signature	Date
Final Approval Chair of MAC:	_____	_____	_____
	Name	Signature	Date