



Scenario:

73-year-old male with a PMH of asthma, COPD, emphysema, and HIV presented to the ED via EMS with respiratory distress. His symptoms began the day of presentation. EMS found patient in respiratory distress with an SPO2 of ~80%. Patient admits not being compliant with inhalers but compliant with nifedipine and DOVATO.

Initial Eval: T: 98.9, P: 106, R: 19, BP: 120/64, O2: 94% (on Bi-Pap). Exam: acute distress, unable to speak in sentences. He had diffuse wheezing and decreased breath sounds. He was placed on Bi-Pap support. **Labs:** WBC 7.9, CO2 40, VBG pH 7.22, pCO2 104, pO2 50.2. Bicarb on BMP 40 (baseline). COVID/Flu negative. **Chest x-ray:** clear.

ED Course: Treated with Decadron IV, Mg Sulfate x2, Terbutaline and placed on BiPAP.

Documented Principal Problem:
COPD exacerbation

Admission Care
1 SEARCH
2 GUIDELINE
3 DOCUMENTATION
informed by

Chronic Obstructive Pulmonary Disease (COPD) - INPT, Hypoxia, Hypoxemia, Mechanical Ventilation, Ventilatory Support, Hypercapnia

GLOS: 2 days off Subsequent review

Note: Some patients may be appropriate for Observation care. For consideration of observation care, see [Chronic Obstructive Pulmonary Disease: Observation Care](#).

Clinical Indications for Admission to Inpatient Care Expand All / Collapse All

Admission is indicated for **1 or more of the following** (1): (CRI1)(CRI2)

- Hemodynamic instability
- New need for intubation and mechanical ventilation
- Clinical signs of respiratory fatigue (eg, use of respiratory accessory muscles, paradoxical motion of the diaphragm, ([A]) intercostal retractions)(7)
- Altered mental status
- Severe hypoxemia (PaO2 less than 55 mm Hg (7.3 kPa) **despite** inspired oxygen (FI02) greater than 40%)(1)
- Severe hypercarbia (PaCO2 greater than 60 mm Hg (8.0 kPa) or respiratory acidosis with pH 7.25 or lower)

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CRITERIA MET
Send Documentation to EHR

Recommended Workflow

- C** - Consider appropriate care setting
 - Hospitalization
- A** - Ask what the principal diagnosis is?
 - COPD exacerbation
- R** - Review INPT guideline first, then OBS
 - INPT criteria: MET
- E** - Enter bed status / level of care order
 - Inpatient
- D** - Document criteria in medical record

Teaching Points:

- Documentation must be thorough and include any abnormal labs and/or sustained vital sign abnormalities.
- New-onset of COPD with or without hypoxemia is appropriate for initial Observation placement; patient may be upgraded to IP if condition does not improve with Observation care (does NOT include ED care).