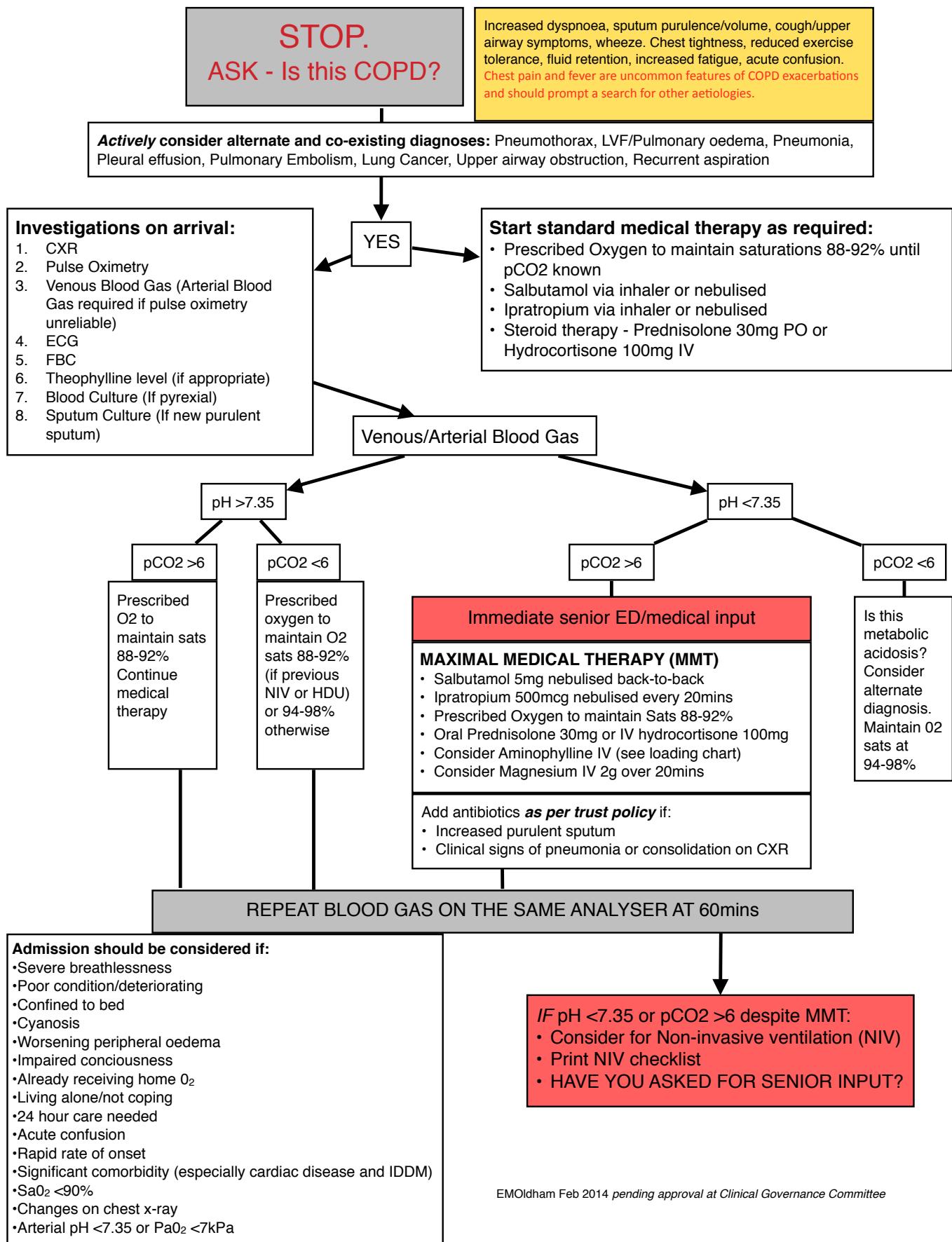




ED Management of COPD Exacerbation





Emergency Department COPD checklist

Patient Name..... Hospital Number.....

Date and Time..... Doctor.....

Investigations requested:

	Requested	Result seen	Not applicable
CXR			
FBC			
Blood Gas			
ECG			
Theophylline level			
Blood Culture			
Sputum Culture			

I have actively considered the following alternate and/or co-existing diagnoses:

	Present	Possible	Not Present
Pneumothorax			
LVF/Pulmonary Oedema			
Pneumonia			
Pulmonary Embolism			
Lung Cancer			
Upper Airway obstruction			
Recurrent Aspiration			
Pleural Effusion			

The following medical therapy has been prescribed and commenced:

Oxygen	
Salbutamol	
Ipratropium	
Prednisolone or Hydrocortisone	
Magnesium	
Aminophylline	
Antibiotics (as per policy)	

Signed.....



Emergency Department COPD Exacerbation guidance

Acute Pennine Trust Oxygen Prescription Chart

Patient Name..... Hospital Number.....

Date and Time..... Doctor.....

OXYGEN PRESCRIPTION								
IN ORDER TO ACHIEVE TARGET SATURATION THE DEVICE AND FLOW RATE OF OXYGEN DELIVERY MUST BE INCREASED OR DECREASED BY TRAINED STAFF IN LINE WITH THE SAFE OXYGEN THERAPY NOTICE								
DEVICE CODES								
A Air (weaning or on "PRN" oxygen) V24 Venturi 24% H28 Humidified Oxygen at 28% TM Tracheostomy Mask	N Nasal Cannulae V28 Venturi 28% H35 Humidified Oxygen at 35% CP Patient on CPAP	SM Simple Mask V35 Venturi 35% H40 Humidified Oxygen at 40% NIV Patient on NIV System	ETT Endotracheal Tube V40 Venturi 40% H60 Humidified Oxygen at 60% OTH Other device (Specify) _____	V60 Venturi 60% RM Reservoir Mask				
MONTH AND YEAR	DATE →							
Check SaO ₂ 4 hourly; adjust O ₂ if needed ↓								
<u>Circle initial target oxygen saturation</u> 88-92% 94-98% Other _____ Starting device code _____ Flow rate _____ Continuous / PRN (circle one)		Start Date	02					
			06					
			10					
			14					
Tick if saturation not indicated*		Phar	18					
			22					
<u>Circle revised target oxygen saturation</u> 88-92% 94-98% Other _____ Starting device code _____ Flow rate _____ Continuous / PRN (circle one)			Start Date	02				
				06				
		10						
		14						
Tick if saturation not indicated*		Phar	18					
			22					
Signature			Start Date	02				
				06				
		10						
		14						
Signature		Phar	18					
			22					

AMINOPHYLLINE

INDICATION

Severe reversible airway obstruction unresponsive to conventional therapies, **only after consultation with senior medical staff.**

PRESENTATION

250mg / 10mL ampoules

LOADING DOSE	<i>NOT to be given if patient already taking oral aminophylline or theophylline</i>	IV: 5mg / kg
MAINTENANCE DOSE	Elderly or heart failure	IV: 0.3mg / kg / hour
	Non-smoker	IV: 0.5mg / kg / hour
	Smoker	IV: 0.7mg / kg / hour

RECONSTITUTION & ADMINISTRATION

The loading dose should be added to 100ml of sodium chloride 0.9% and administered over 20 minutes.

For the maintenance doses, add 1gram of aminophylline to 1litre of sodium chloride 0.9% or glucose 5% to create a 1mg/mL solution.

See administration chart overleaf

MONITORING

Serum theophylline levels must be taken:

- 6 hours after starting the infusion
- then at least every 24 hours whilst on the infusion
- or at any point if toxicity suspected

The therapeutic range is 10–20 mg/L. Infusion rates should be adjusted accordingly. For advice regarding levels, contact your ward pharmacist or Medicines Information department.

OTHER COMMENTS

Theophylline is the active constituent of aminophylline, and this is measured in the serum.

Theophylline interacts with many other drugs (eg: ciprofloxacin, clarithromycin, erythromycin, carbamazepine) which can lead to theophylline toxicity – consult BNF for full details.

Signs of toxicity include: nausea, tachycardia, irritability, arrhythmias and convulsions.

The Pennine Acute Hospitals 

AMINOPHYLLINE
Intravenous Infusion
Administration Record

Please attach form to Prescription Sheet
See overleaf for prescribing guidelines

LOADING DOSE: 5mg/kg over 20 minutes

No loading dose if already taking theophylline or aminophylline

Date:	Patient weight: kg	THEOPHYLLINE LEVEL Date and time taken:						THEOPHYLLINE LEVEL Date and time taken:						THEOPHYLLINE LEVEL Date and time taken:					
		Dose	Rate	Sign	Pharm	Batch	Start	Sign	Pharm	Batch	Start	Sign	Witness	Level:	mg/L				
	Aminophylline 1g in 1L sodium chloride 0.9%* glucose 5%*	mg/kg/hr	mL/hour											Level:	mg/L				
	Check theophylline level 6 hours after loading dose	THEOPHYLLINE LEVEL	THEOPHYLLINE LEVEL	THEOPHYLLINE LEVEL	THEOPHYLLINE LEVEL	THEOPHYLLINE LEVEL	THEOPHYLLINE LEVEL	THEOPHYLLINE LEVEL	THEOPHYLLINE LEVEL	THEOPHYLLINE LEVEL	THEOPHYLLINE LEVEL	THEOPHYLLINE LEVEL	THEOPHYLLINE LEVEL	Level:	mg/L				
Date:	Aminophylline 1g in 1L sodium chloride 0.9%* glucose 5%*	Dose	Rate	Sign	Pharm	Batch	Start	Sign	Pharm	Batch	Start	Sign	Witness	Level:	mg/L				
Date:	Aminophylline 1g in 1L sodium chloride 0.9%* glucose 5%*	mg/kg/hr	ml/hour											Level:	mg/L				
Date:	Aminophylline 1g in 1L sodium chloride 0.9%* glucose 5%*	Dose	Rate	Sign	Pharm	Batch	Start	Sign	Pharm	Batch	Start	Sign	Witness	Level:	mg/L				
Date:	Aminophylline 1g in 1L sodium chloride 0.9%* glucose 5%*	mg/kg/hr	ml/hour											Level:	mg/L				
Date:	Aminophylline 1g in 1L sodium chloride 0.9%* glucose 5%*	Dose	Rate	Sign	Pharm	Batch	Start	Sign	Pharm	Batch	Start	Sign	Witness	Level:	mg/L				
Date:	Aminophylline 1g in 1L sodium chloride 0.9%* glucose 5%*	mg/kg/hr	ml/hour											Level:	mg/L				

*Delete as required

Expiry date: 03/11/2014

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Check on the 'Documents' pages of the trust intranet