

THE SAI GROUP: CARE PATHWAY - COPD

Referral with diagnosis of COPD
(new or acute exacerbation)

Initial evaluation within 48 hours of referral or home return whichever is earlier

Begin Telehealth (+ Medication Monitoring if applicable) within 48 hours post evaluation with

- Temperature– at least daily
 - Heart rate– at least daily
 - BP– at least daily
 - Weight– at least daily
 - Pulse-oxymetry– at least daily
 - Spirometry– FEV1 - at least daily
 - Blood glucose level (if diabetic)- as ordered*
 - EKG– once a week for 6 weeks (or as ordered)
- Continue telehealth if risks present or for at least 1 episode if asymptomatic/ stable (unless discharged from home health before end of episode).

- **Nursing re-visit** no later than 48 hours post evaluation
- Frequency of nursing and home health aide based on clinical/ functional needs stated on initial evaluation/ physician orders
- Refer to OT and/or PT (if no admission orders)

OT/ PT Care (to include but not limited to):

- Exercise/ activity tolerance
- Mobility
- Energy conservation/ work simplification
- ADL trg. as needed
- AE/ trg. as needed
- Pt. education/ FMP design & trg. as needed

Nursing care (includes but not limited to):

- Review of drugs
- Watch for drug interactions/ side-effects (especially re. long term oral corticosteroid use)
- Patient education w/ handouts / lifestyle management
- Medication administration/ management as needed
- Administration of annual influenza vaccination
- Administration of PPSV (if no history or last dose more than 5 years ago before the age of 65; if previously vaccinated after age 65– none needed) *
- Telehealth monitoring
- Check for s/s for COPD and temp., BP/ postural BP, HR, respiratory rate, oxygen saturation, weight, blood glucose level (if diabetic) with **each visit**
- Supervision of aide as needed

Check for s/s of exacerbations w/ each visit

Does patient complain of any of the following signs & symptoms:

- Unrelieved or new SOB at rest?
- Appears cyanosed?
- Deteriorating level of activity?
- Worsening peripheral edema?
- Confusion/ change in mental status?
- Rapid rate of onset?
- On long term O2 therapy?
- Purulent/ thick sputum?
- Sleep disorders?

Do any of the following signs exist? (TELEHEALTH OR IN-PERSON)

- Temp > 102°F (> 38.9°C)?
- FEV1% predicted <50%
- Oxygen saturation < 90% with or without O2 therapy?
- Finger stick glucose < 70 or >400?*
- Worsening dyspnea?
- Severe difficulty speaking?

Yes

No

Yes

Notify Physician Immediately/ consider discharge to hospital

Nurse to reconcile medications, contact physician for possible orders for lab testing

- Portable chest X-ray
- Sputum C & S, if purulent
- Spirometry
- Blood work
 - Complete Blood Count
 - Arterial blood gas
 - Basic Metabolic Panel
 - EKG (if telehealth discontinued before)

Nurse to forward lab results to physician as soon as available and re-assess

- Significant test results?
- Worsening clinical condition?

No

Yes

Nurse to contact Physician to review treatment plan in reference to

- O2 therapy
- Bronchodilator therapy
- Antibiotic therapy
- Corticosteroid therapy
- Rehabilitation therapy
- Lifestyle recommendations

Notify Physician Immediately/ consider discharge to hospital

Discontinue services when goals achieved/ potential maximized/ no further skilled needs with physician approval, or as directed by physician