

RETU COPD Pathway

Required testing prior to RETU

- Room air oxygen saturation (or with baseline oxygen rate if on home oxygen therapy)
- CXR
- EKG

ED Evaluation

Not appropriate for RETU

- High-risk active acute comorbidity (eg, pneumonia, heart failure, pleural effusion, pneumothorax, etc)
- Altered mental status
- Acute respiratory failure

RETU Intake Evaluation

(do not repeat testing if already done in ED)

Exam Focus

- Pulmonary
- Cardiac

Initial Testing

- Labs: CBC, Chem 7, pCO₂, troponin, BNP, d-dimer (as indicated)
- Imaging: CXR

Monitoring

- Continuous pulse oximetry (as indicated)

Consults

- Pulmonary (as indicated)

RETU Treatment / Evaluation

Nebulized albuterol q2-4h
+
Nebulized ipratropium q4-6h
+
Prednisone
+
Antibiotics*

* Azithromycin 500mg PO x1 on day 1, then 250mg PO q24h x4 days

Alt: Azithromycin 500mg PO q24h x3 days

If allergic: levofloxacin 500mg PO q24h x5-7 days

Symptoms improved or resolved?

N

Consider pCO₂, CXR, troponin, BNP, d-dimer (as clinically indicated)

Symptoms improved or resolved?

N

Admit

Y

Y

Discharge with prednisone + antibiotics

Disposition Guidelines

Discharge from RETU

- Acceptable vitals signs
- Resolution of symptoms or return to near baseline respiratory status
- Return to baseline pulse oximetry or FiO₂

Admission to Hospital

- Deterioration of clinical condition or unstable vital signs
- Uncompensated pCO₂ retention
- Persistent new oxygen requirement despite treatment
- Development of new high-risk active acute comorbidity (eg, pneumonia, heart failure, pleural effusion, pneumothorax, etc)