Adult Bronchodilator Protocol
Assessment and Care Plan

Respiratory Care Assessment
Diagnosis: ______________________________
Heart Rate (HR): _____  Respiratory Rate (RR): _____
Oxygen Saturation (SpO2): _____  Fraction of inspired oxygen (FIO2): _____
Breath Sounds _________________________
Smoking History: No ☐  Yes ☐  _____ pack year ☐  Brochure given ☐
Home Medications: _______________________

Indications for Bronchodilator Therapy
1. ☐ Chronic Obstructive Pulmonary Disease (COPD)
2. ☐ Asthma
3. ☐ Wheezing on auscultation
4. ☐ Home Regimen
5. ☐ Other: _____________________________
6. ☐ No Indication present, physician notified

MD Name: _____________________________  Pager #: ____________________

Ordered Therapy:

Determination of Therapy Frequency – Completed only when Bronchodilator Therapy is indicated.

<table>
<thead>
<tr>
<th>Level of Consciousness (LOC)</th>
<th>Alert, Oriented, Cooperative</th>
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<tr>
<td>Level of Activity</td>
<td>Ambulatory</td>
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<td>Non-Ambulatory</td>
<td>Paraplegic</td>
<td>Quadriplegic</td>
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<td>Pulmonary History</td>
<td>Non-smoker, No pulmonary History</td>
<td>Smoking History</td>
<td>COPD, Asthma, Cystic Fibrosis (CF)</td>
<td>Mild exacerbation</td>
<td>Severe exacerbation</td>
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<tr>
<td>Breath Sounds</td>
<td>Clear</td>
<td>Diminished unilaterally</td>
<td>Diminished bilaterally, Crackles</td>
<td>Wheezing, Rhonchi</td>
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<tr>
<td>Respiratory Pattern</td>
<td>RR ≤20</td>
<td>RR 21-25</td>
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<td>Moderate distress; Accessory muscles; and/or RR 30-40</td>
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<td>Surgical History</td>
<td>None</td>
<td>General surgery</td>
<td>Lower abdominal</td>
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<td>Oxygen Support</td>
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<td>Dyspnea (at rest)</td>
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<td>Infiltrates in more than one lobe</td>
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*Rating of Perceived Dyspnea Scale (RPD) = 1 (good) to 10 (bad) [Total Points: _______________________

Q = Every hour  BID = Twice daily  TID = Three times daily  QID = Four times daily

Class # Short Acting Bronchodilator  Medications
A  BID and Q6 PRN (for wheezing)  2.5mg Albuterol - Add Atrovent to all treatments with patients that are diagnosed with COPD
B  QID or TID and Q4 or Q6 PRN (for wheezing)  2.5mg Albuterol - Add Atrovent with every other treatment with patients that are diagnosed with COPD
C  Q4 or Q6 and Q2 or Q4 PRN (for wheezing)  2.5-5.0mg Albuterol - Add Atrovent with every other treatment with patients that are diagnosed with COPD
D  Q2 or Q3 and Q1 or Q2 PRN (for wheezing)  5.0mg Albuterol - Add Atrovent with every other treatment with patients that are diagnosed with COPD

(Class determination:  A = <9 points;  B = 9-13 points;  C = 14-18 points;  D = >18 points)  Class: _______________________

Respiratory Care Plan:
Inhaled Medication Treatment ☐  Self-Administration Protocol ☐
Cough & Deep Breathing ☐  Incentive Spirometry ☐
Asthma Education ☐  Respiratory Care ☐
Practitioner Signature: _____________________________  Date: _____________  Time: _____________

MEDICAL RECORD COPY
## Adult Bronchodilator Protocol

### Assessment and Care Plan

#### Respiratory Care Assessment

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#### Home Medications:

**Ordered Therapy:**

**Indications for Bronchodilator Therapy**

1. Chronic Obstructive Pulmonary Disease (COPD)
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4. Home Regimen
5. Other:
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\text{Class:} \\
\text{Respiratory Care Plan:} \\
\text{Comments:} \\
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\text{Self-Administration Protocol} \\
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\text{Practitioner Signature:} \\
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\text{RESPIRATORY THERAPY COPY}