



Special Considerations

- Prior treatments for COPD exacerbations, including antibiotic use/ frequency within past 3 months
- If on glucocorticoids, monitor for hyperglycemia & mood changes
- If on warfarin:
 - Adjust antibiotics as needed
 - Check INR frequently
 - Monitor GI bleeding with patients also on glucocorticoids
- Review patient's goals of care including POST form and hospitalization preferences

Antibiotics Renal Dosing Adjustments

- Amoxicillin/Clavulanate < 30 ml/min
- Aztreonam < 30 ml/min
- Cefepime < 60 ml/min
- Imipenem < 60-70 ml/min
- Levofloxacin < 50 ml/min
- Oseltamivir < 60 ml/min
- Piperacillin/Tazobactam < 40 ml/min
- TMP-SMX DS < 30 ml/min

* Note: You will need to make dose adjustments at the levels of creatinine clearance listed above. If antibiotic not on list, there are no dosage adjustments provided in the manufacturer's labeling.

CMS Certification Criteria for COPD

COPD/Asthma Exacerbation
(up to 7 days)

MUST have:

Known diagnosis of COPD/asthma OR chest x-ray showing COPD with hyperinflated lungs and no infiltrates

AND Two or more of the following:

New or worsening: wheezing, cough, shortness of breath, or increased sputum production

O2 sat level ≤ 92% on room air or on patient's usual O2 settings in patients with chronic O2 requirements.

Acute reduction in Peak Flow or FEV1 on spirometry

Respiratory rate ≥ 24 breaths/minute

These are recommendations from expert consensus and an extensive literature review, including the AMDA Clinical Practice Guidelines. In practice, use your clinical judgements for individual patient care.