Inpatient CF Cystic Fibrosis Inpatient Care Pathway

Decision to Admit
Decision to admit made by outpatient doc
Goal sheet completed with family
- Goal FEV1 for Discharge defined as best FEV1 in past 12 months
- Goal FEV1 for day 4-5 defined as significant improvement
- PICC order placed by team
- Clinic admissions: team informs admitting resident
- Admit from home: admitting office notified

Admission
Admission orders are entered by inpatient team
- Use CF order set
- Use CF antibiotic order set
- Antibiotic regimen discussed with Pharmacy consult
- Antibiotic stewardship consult
- Consider ID consult in specific cases
- CF Isolation status
- Albuterol 4 puffs q6h
- Dornase 2.5 mg QD
- Age 4 & older: Add Hypersal 7% nebs bid alternating with Normal saline bid during CPT
- Order labs (part of order set)
- Physical therapy consult: Airway clearance should be QID, exercise daily > age 2.
- Order/Obtain CF expectorated Respiratory culture, AFB and fungal. AFB culture can be sputum only.
- Order NP culture by MD must swab for NP cultures if not expectorated sputum available.
- Consider bronchoscopy with BAL in select cases

Day of Arrival
Patient admitted BBCH
- Resident does H&P
- Resident does medication reconciliation
- Attending Pulmonologist sees patient/completes H&P within 24 hours
- Unit RN reviews isolation practices with patient/family
- RT discusses Airway Clearance modalities with patient/family, brings appropriate equipment to the room
- PICC placed or Mediport accessed
- Admit labs obtained. Fat soluble vitamin levels ordered if not done in past year or BMI<50%

Days 1-3
- Drug levels obtained and reviewed by PharmD
- Radiology studies reviewed by Physician, if ordered
- Admit labs reviewed by Physician if ordered
- PFT ordered for day 4 or 5 (6 if that falls on weekend)

Day 4-5
☐ PFT completed and reviewed to ensure adequate technique
☐ Respiratory culture results reviewed
☐ Are symptoms of exacerbation improving? Are day 4-5 goals met? (see Inpatient CF Admit Goal Sheet)

IF NO

☐ Consider adjusting antibiotics
☐ Obtain sputum if only done initially: can be induced sputum, if needed
☐ Consider ID consult
☐ Consider adjusting airway clearance
☐ Consider Psychiatry consult if adherence/mental health issues concern

Days 5-7
Obtain weekly labs

☐ Tobramycin (if on): 3 & 10 hour post dose levels
☐ Vancomycin (if on): trough level
☐ Renal
☐ CBC if on Linezolid
☐ Consider CBC if depending on antibiotic choice and initial CBC
☐ Order PFT for day 9 or 10 (11 if 9, 10 fall on weekend)

Days 9-10

☐ Are symptoms of exacerbation improving or resolved? Are day 9-10 goals met?

IF NO

☐ Adjust antibiotics, if needed
☐ Adjust airway clearance, if needed
☐ Consider induced sputum. If unable via induction, consider BAL
☐ Consider HRCT

Days 10-14
Discharge home when:

☐ Resolution of new clinical signs or symptoms of exacerbation
☐ Family goals for the admission are achieved
☐ Return to best FEV1 in past 12 months
☐ Return to best BMI in past 12 months
☐ Consider PFT before discharge
☐ Complete medication reconciliation
☐ Arrange follow up in CF clinic 2-4 weeks after discharge
☐ Review discharge summaries for accuracy, ensure that discharge goals were met and documented
☐ Send summary of discharge plans to PCP