

## 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 ream

- 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