Last Admit Date:

ADULT PNEUMONIA ORDER SET

● **CORE MEASURE REQUIREMENT**

DIAGNOSIS	❑ PNEUMONIA ❑ BRONCHITIS ❑ COPD EXACERBATION
ADMIT TO	Dr. (with Dr. covering) ❒ Hospitalist
STATUS	❒ Referred for Observation ❒ Inpatient ❒ OPS — Expected LOS > two midnights ❒ YES ❒ NO ❒ Unknown
MEDICAL NECESSITY DATA (S&S, LAB/XRAY REPORTS etc)	
SERVICE	❒ Medical ❒ Surgical ❒ ICU/IMCU ❒ WH ❒ OB/GYN ❒ Pediatrics ❒ Ortho
CONDITION	❒ Stable ❒ Guarded ❒ Poor ❒ Critical ❒ Continue DNR
CONSULT	❑ Dr. ❒ Done ❒ Page on Arrival ❒ Page in AM

CONTACT MD	❒ For any question/problems ❒ In AM w/ room # ❒ On arrival to floor ❒ Further Orders
ACTIVITY	❑ AS TOLERATED ❑ BED REST ❑ BATHROOM PRIVILEGES ❑ WITH ASSISTANCE ❑ PT CONSULT
DIET	❑ AS TOLERATED _____ CAL ADA ❑ CLEAR LIQUIDS ❑ NPO ❑ EXCEPT MEDS
NURSING	VITALS: ❑ EVERY 2 HOURS ❑ EVERY 4 HOURS ❑ EVERY 8 HOURS ❑ OTHER:_____ ☒ OXIMETRY WITH VITALS ☒ DAILY WEIGHT − INTAKE AND OUTPUT Q SHIFT ☒ COMPLETE DVT RISK ASSESSMENT ☒ ● PNEUMONIA EDUCATION INSTRUCTIONS ☒ ● PROVIDE SMOKING CESSATION COUNSELING ❑ TELEMETRY ❑ NEURO CHECK Q _____ HRS X _____ ❑ FOLEY CATH: Reason−_____ ❑ OTHER: _____
ON ADMIT	❑ CBC ❑ BMP ❑ CMP
LAB	ON ADMIT IF NOT DONE IN ED ☒ ● **Blood Cultures**: (should be collected prior to 1st dose antibiotics) Monitor cultures and notify MD if pathogen identified **Please Indicate # of Cultures** ❒ Blood Cultures x 1 ❒ Blood Cultures x 2
	❒ Sputum Gram Stain and Culture (RT to induce if needed) within 1 hour − don't delay antibiotic. Monitor cultures and notify MD if pathogen identified. ❒ Urine Antigen
AM LABS	❑ CBC ❑ BMP ❑ CMP
IMAGING	ON ADMIT IF NOT DONE IN ED: ☒ ● CXR ❒ AM STUDIES: CXR
CARDIO−PULMONARY	❑ O2: _____ L/M ❑ NASAL CANNULA ❑ PRN ❑ VENTIMASK _____% ❑ NON−RB ❑ ALBUTEROL / ATROVENT JET NEB Q _____ HRS ❑ AND PRN ❑ WITH PULSE OXIMETRY
OTHER	

Physician Offices−For the most updated form please visit www.coffeeregional.org and print from the "For Our Physicians" link.

SEE PAGE TWO FOR ADULT PNEUMONIA MEDICATION ORDERS

Patient Name and DOB

PO_9016_EFR
Rev. 04/02/2012

ADULT PNEUMONIA ORDER SET

● **CORE MEASURE REQUIREMENT**

❑ NORMAL SALINE @ _____ ML/HR ❑ SALINE LOCK
❑ ADD KCL _____ MEQ/LITER
❑ ADULT PRN MEDICATION PROTOCOL
❑ SOLU–MEDROL _____ MG IVPB EVERY _____ HOURS
❑ PROTONIX 40 MG PO EVERY_____HRS (OR IV − IF UNABLE TO TAKE PO)
❑ Zofran_____mg IV every_____hrs PRN Nausea/Vomiting

☒ ● VERIFY PNEUMONIA / INFLUENZA VACCINATION STATUS AND ADMINISTER PER IMMUNIZATION SCREENING GUIDELINES

ADULT PNEUMONIA ANTIBIOTIC ORDERS

☒ Pharmacist to verify patient's creatinine clearance and adjust antibiotics for Renal Dysfunction.

ANTIBIOTIC OPTIONS − Avoid same course of antibiotic treatment for any infection within past 3 months, excluding current episodes of infection, due to increased risk of Strep pneumoniae resistance.

***NON − ICU/IMCU*: (Check Box Next to Appropriate Antibiotic Therapy)**

❒ Option 1: Levaquin 750mg IVPB every 24 hour (used alone)
❒ Option 2: Rocephin 1gm IVPB every 24 hours **AND** Zithromax 500mg IVPB every 24 hours
❒ Option 3: Rocephin 1gm IVPB every 24 hours **AND** Vibramycin 100mg PO every 12 hours
❒ Option 4: Tygacil 100mg IVPB X 1, then 50mg IVPB every 12 hours

***ICU/IMCU (Severe CAP):* (Check Box Next to Appropriate Antibiotic Therapy)**

❒ Option 1: Rocephin 1gm IVPB every 24 hours **AND** Levaquin 750mg IVPB every 24 hours
❒ Option 2: Rocephin 1gm IVPB every 24 hours **AND** Zithromax 500mg IVPB every 24 hours
❒ Option 3: Zosyn 3.375gm IVPB every 6 hours **AND** Zithromax 500mg IVPB every 24 hours

At Risk for Pseudomonas aeruginosa (*ICU/IMCU (Severe CAP)*): Risk Factors: e.g., bronchiectasis or structural lung disease with Physician/ Nurse Practitioner/ Physician Assistant documentation of history of repeated antibiotics or chronic corticosteriod use. **(Check Box Next to Appropriate Antibiotic Therapy)**

❒ Option 1: Zosyn 3.375gm IVPB every 6 hours **AND** Levaquin 750mg IVPB every 24 hours
❒ Option 2: Zosyn 3.375gm IVPB every 6 hours **AND** Zithromax 500mg IVPB every 24 hours **AND** Tobramycin (dose per pharmacy)

*****OR− If Patient has a β−Lactam allergy*****

❒ Option 3: Levaquin 750mg IVPB every 24 hours **AND** Azactam 2gm IVPB every 8 hours

Other: _____

Other: _____

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Rev. 08/16/11 JWR