



Last Admit Date:

ADULT PNEUMONIA ORDER SET	
● CORE MEASURE REQUIREMENT	
DIAGNOSIS	<input type="checkbox"/> PNEUMONIA <input type="checkbox"/> BRONCHITIS <input type="checkbox"/> COPD EXACERBATION
ADMIT TO Dr. _____	(with Dr. _____ covering) <input type="checkbox"/> Hospitalist
STATUS	<input type="checkbox"/> Referred for Observation <input type="checkbox"/> Inpatient <input type="checkbox"/> OPS Expected LOS > two midnights <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL NECESSITY DATA (S&S, LAB/XRAY REPORTS etc)	_____
SERVICE	<input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> ICU/IMCU <input type="checkbox"/> WH <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pediatrics <input type="checkbox"/> Ortho
CONDITION	<input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Poor <input type="checkbox"/> Critical <input type="checkbox"/> Continue DNR
CONSULT	<input type="checkbox"/> Dr. _____ <input type="checkbox"/> Done <input type="checkbox"/> Page on Arrival <input type="checkbox"/> Page in AM
CONTACT MD	<input type="checkbox"/> For any question/problems <input type="checkbox"/> In AM w/ room # <input type="checkbox"/> On arrival to floor <input type="checkbox"/> Further Orders
ACTIVITY	<input type="checkbox"/> AS TOLERATED <input type="checkbox"/> BED REST <input type="checkbox"/> BATHROOM PRIVILEGES <input type="checkbox"/> WITH ASSISTANCE <input type="checkbox"/> PT CONSULT
DIET	<input type="checkbox"/> AS TOLERATED _____ CAL ADA <input type="checkbox"/> CLEAR LIQUIDS <input type="checkbox"/> NPO <input type="checkbox"/> EXCEPT MEDS
NURSING	VITALS: <input type="checkbox"/> EVERY 2 HOURS <input type="checkbox"/> EVERY 4 HOURS <input type="checkbox"/> EVERY 8 HOURS <input type="checkbox"/> OTHER: _____ <input checked="" type="checkbox"/> OXIMETRY WITH VITALS <input checked="" type="checkbox"/> DAILY WEIGHT - INTAKE AND OUTPUT Q SHIFT <input checked="" type="checkbox"/> COMPLETE DVT RISK ASSESSMENT <input checked="" type="checkbox"/> ● PNEUMONIA EDUCATION INSTRUCTIONS <input checked="" type="checkbox"/> ● PROVIDE SMOKING CESSATION COUNSELING <input type="checkbox"/> TELEMETRY <input type="checkbox"/> NEURO CHECK Q _____ HRS X _____ <input type="checkbox"/> FOLEY CATH: Reason- _____ <input type="checkbox"/> OTHER: _____
ON ADMIT	<input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> CMP <input type="checkbox"/> Latic Acid
LAB	ON ADMIT IF NOT DONE IN ED <input checked="" type="checkbox"/> ● Blood Cultures: (should be collected prior to 1st dose antibiotics) Monitor cultures and notify MD if pathogen identified Please Indicate # of Cultures <input type="checkbox"/> Blood Cultures x 1 <input type="checkbox"/> Blood Cultures x 2 <input type="checkbox"/> 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. <input type="checkbox"/> Urine Antigen
AM LABS	<input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> CMP
IMAGING	ON ADMIT IF NOT DONE IN ED: <input checked="" type="checkbox"/> ● CXR <input type="checkbox"/> AM STUDIES: CXR
CARDIO-PULMONARY	<input type="checkbox"/> O2: _____ L/M <input type="checkbox"/> NASAL CANNULA <input type="checkbox"/> PRN <input type="checkbox"/> VENTIMASK _____% <input type="checkbox"/> NON-RB <input type="checkbox"/> ALBUTEROL / ATROVENT JET NEB Q _____ HRS <input type="checkbox"/> AND PRN <input type="checkbox"/> WITH PULSE OXIMETRY
OTHER	_____ _____ _____
SEE PAGE TWO FOR ADULT PNEUMONIA MEDICATION ORDERS	

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



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: