

**PNEUMONIA ORDER SET**

**ADMIT TO:**  Inpatient Status  Observation  
**SERVICE:**  Medical  Surgical  Telemetry  Stepdown

**ADMITTING PHYSICIAN:** \_\_\_\_\_

**DIAGNOSIS:**  Community Acquired Pneumonia  HealthCare Associated Pneumonia

**ALLERGIES:** \_\_\_\_\_

1. IV Fluids: \_\_\_\_\_
2. INITIAL ANTIBIOTICS: Indicate Empiric Therapy Selection

	<b>COMMUNITY ACQUIRED PNEUMONIA</b>	<b>HEALTHCARE-ACQUIRED PNEUMONIA</b>
	<ul style="list-style-type: none"> <li>• symptoms occurring outside of the hospital setting</li> </ul>	<ul style="list-style-type: none"> <li>• hospitalized in an acute care hospital for two or more days within 90 days of the current infection</li> <li>• resides in a nursing home or long-term care facility;</li> <li>• received recent intravenous antibiotic therapy, chemotherapy, or wound care within the past 30 days of the current infection</li> <li>• chronically attends a hospital or hemodialysis clinic</li> </ul>
<p><b>First Line Regimen</b></p> <p><i>Pharmacy Services will automatically adjust doses for renal impairment</i></p>	<input type="checkbox"/> Ceftriaxone (ROCEPHIN) 1gm IVPB Daily - <i>plus</i> - Azithromycin (ZITHROMAX) 500mg IVPB every 24 hours  Lactobacillus (FLORANEX) 2 tabs PO twice daily throughout course of antibiotics	<input type="checkbox"/> Piperacillin/tazobactam (ZOSYN) 3.375 IVPB every 6 hours <i>plus</i> Levofloxacin (LEVAQUIN) 750 mg IVPB every 24hr X _____ days <input type="checkbox"/> Vancomycin 25 mg/kg pharmacy to dose  Lactobacillus (FLORANEX) 2 tabs PO twice daily throughout course of antibiotics
<p><b>Penicillin-Allergic Regimen</b></p> <p>Reserved for patients with documented severe allergy (ie, hives, severe rash, angioedema, anaphylaxis)</p> <p><i>Pharmacy Services will automatically adjust doses for renal impairment</i></p>	<input type="checkbox"/> Levofloxacin (LEVAQUIN) 750 mg IVPB every 24 hr, X _____ days Allergic RXN _____  Lactobacillus (FLORANEX) 2 tabs PO twice daily throughout course of antibiotics	<input type="checkbox"/> Aztreonam (AZACTAM) 1 gm IVPB every 8 hours - <i>plus</i> -  Levofloxacin (LEVAQUIN) 750mg IVPB every 24hr, X 5 days only <input type="checkbox"/> Vancomycin 25 mg/kg pharmacy to dose Lactobacillus (FLORANEX) 2 tabs PO twice daily throughout course of antibiotics

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Time (required)



PT.

MR.#/P.M.

DR.

**PNEUMONIA ORDER SET**

FEVER or PAIN:  Acetaminophen (TYLENOL) 650 mg every 4 hours PRN for pain / temp greater than 101° F  
Call Physician and request change to PO antibiotics 48 hours after admission if

- Temperature less than or equal to 38° C
- Respiratory Rate less than 24 / minute
- Able to tolerate oral diet
- Heart Rate less than 100 / minute

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- Temperature less than or equal to 38° C
- Respiratory Rate less than 24 / minute
- Able to tolerate oral diet
- Heart Rate less than 100 / minute

4. ACTIVITY:

- BRP as tolerated
- Advance activity as tolerated

5. DIET:            General as tolerated  
                          Special Diet \_\_\_\_\_

6. VITAL SIGNS:

- MEDICAL UNIT. VS every 4 hours x 24 hours and if stable every shift. Call physician for RR greater than 25 / minutes or other signs of respiratory distress.

7. INTAKE AND OUTPUT: Every 8 hours till IV's discontinued

8. ADMISSION LABS:

- Blood cultures every 15 minutes x 2
- CBC and Differential
- Comprehensive Metabolic Profile
- Repeat CBC on Day 3 of admission
- Sputum Gram stain and C&S, Sputum trap if needed

**CRITICAL CARE PATIENTS**

- Blood cultures every 15 minutes x 2, if not drawn previously today

9. DIAGNOSTICS:

- Chest x-ray: PA and lateral. If patient unable to go to Radiology Department, AP Portable Chest X-ray
- Echocardiogram
  - Print most recent Echocardiogram and place on chart
  - If an Echocardiogram was not done in last 6 months, obtain an Echocardiogram, and place Preliminary Echocardiogram report on chart

RESPIRATORY:

- Respiratory Therapy Assessment
- Use supplemental O2 PRN for O2 SAT if less than 90 mm on room air

10. CONSULTS: (As needed only)    Pulmonary Medicine \_\_\_\_\_  
    Infectious Disease \_\_\_\_\_

11. MISCELLANEOUS:

- DVT Prophylaxis: Apply Intermittent Pneumatic Compression Device ( IPC's) while in bed, initiate M1708-106 DVT/VTE Risk Assessment & Order Set
- Referral to Home Care Coordinator to evaluate and initiate need for home care services
- Give pneumonia teaching packet and pamphlets to patient / family
- Nurse to do baseline functional assessment & order PT evaluation if indicated

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Time (required)

**PHYSICIANS ORDERS AND INSTRUCTIONS TO NURSE**

PT.

MR.#/P.M.

DR.