



SCANNED TO PHARMACY

STAT MEDICATION

in AM, notify Dr. _____ of admission Allergies: _____

ADMIT TO: Medical/Surgical Telemetry Critical Care Unit _____

Obtain prior medical record Pneumonia Pathway Smoking Cessation Education

Diagnosis: _____

Code Status: Full Code No Code (DNR) Limited Code _____

Diagnostic Tests: (delete if already completed in ED) CBC A CBC ND CMP CXR BMP in AM

Pulse Oximetry on Room Air (baseline) ABG if pulse Oximeter less than 91%

Sputum collection for gram stain and culture **within 1 hr of admission;** if unable to obtain, activate sputum induction protocol

Blood Cultures x 2 sets (once a day), 15 min. apart, prn for temperature greater than 101°

Mechanical Ventilation: TV _____ MODE _____ Rate _____ PS _____ PEEP _____

Titrate Oxygen for SaO₂ _____ Monitor end tidal CO₂ ABG and PCXR q AM while on vent.

Propofol (Diprivan) cont. infusion - start at 5 mcg/kg/min; titrate to SAS score _____

Midazolam (Versed) _____ mg IV q _____ hrs prn sedation

Lorazepam (Ativan) _____ mg IV q _____ hrs prn sedation

Lorazepam (Ativan) cont. infusion (25mg/250 ml D₅W); start at 0.5 mg/hr and titrate to SAS _____ or range _____

Morphine _____ mg IV q _____ hr(s) prn pain/sedation

See ICU Pain/Sedation During Mechanical Ventilation Orders

Oxygen Protocol

Diet: _____ Tube feeding _____

ACTIVITY and ASSESSMENT: Daily Weight I & O q shift Vital Signs q _____

Bedrest Up with assistance BSC BRP _____

IMMUNIZATIONS:

Implement pneumococcal/influenza immunization protocol

MEDICATIONS:

IV fluid _____ Normal Saline Lock if no IV fluids

Combivent inhaler + spacer, 4 puffs q 4 hrs while awake and q 2 hrs prn for bronchospasm

Albuterol 2.5 mg + 0.5 mg ipratropium (Atrovent) via HHN q 4 hrs while awake and q 2 hrs prn for bronchospasm

After 24 hrs (if patient can perform correctly), convert to Combivent inhaler order as above

Methylprednisolone (Solu-Medrol) _____ mg IV every _____ hrs

Acetaminophen (Tylenol) 650 mg po/rectally q 4 hrs. prn temp greater than 101°

Insulin Sliding Scale Orders Low Dose Scale Medium Dose Scale High Dose Scale

Potassium Chloride Protocol Intensive Standard Oral

Magnesium Protocol

Laxative Protocol Renal Laxative Protocol

Pantoprazole (Protonix) 40 mg po daily. Give IV if patient cannot take orally.

Droperidol (Inapsine) 0.625 mg IV q 4 hrs. prn nausea

Temazepam (Restoril) _____ po q hour of sleep prn insomnia Other _____

Alprazolam (Xanax) 0.25 mg po TID prn for anxiety

Heparin 5000 units subcutaneous q 12 hrs

Enoxaparin (Lovenox) _____ mg/kg subcutaneous q 12 hours

Analgesic: _____

Other _____

ANTIBIOTIC: (Must start within two (2) hrs. of admission, even if sputum not obtained yet)

Ceftriaxone (Rocephin) _____ gram IV Q24 hours (Recommend 1 gram)

Azithromycin (Zithromax) 500 mg IV x 1, then 500 mg. po every day

Other _____

Alternative (Not first line) Therapy: Check or state reason

Levofloxacin 500 mg / 750 mg IV daily - change to po on day 2 if pt. tolerating oral meds.

Pt. has allergy to Penicillin/Cephalosporin/macrolides Pt. has severe infection requiring critical care admission

or _____

Date _____ Time _____ Physician _____



A Sutter Health Affiliate

Respiratory Orders

Patient Identification