



SCANNED TO PHARMACY

STAT MEDICATION

Diagnosis: <input type="checkbox"/> Pneumonia <input type="checkbox"/> Aspiration Pneumonia Other Diagnosis: _____ Admitting Dr: _____ Admit Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Observation Admit Unit: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Tele <input type="checkbox"/> ICU Code Status: <input type="checkbox"/> Full code <input type="checkbox"/> No code <input type="checkbox"/> Limited Code Discussed with: <input type="checkbox"/> Family <input type="checkbox"/> Patient Estimated length of stay (circle): 1 2 3 4 5 6 7 >7 Estimated Disposition: <input type="checkbox"/> Home <input type="checkbox"/> SNF <input type="checkbox"/> Home Health <input type="checkbox"/> Assisted Living	Allergies: _____ Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Other _____ <input type="checkbox"/> Aspiration suspected, keep NPO <input type="checkbox"/> Swallow eval Activity <input type="checkbox"/> Ad lib <input type="checkbox"/> Bedrest <input type="checkbox"/> Up w/ assist <input type="checkbox"/> BSC <input type="checkbox"/> BRP <input type="checkbox"/> PT eval <input type="checkbox"/> Other _____ Intake & Output: <input type="checkbox"/> Q shift <input type="checkbox"/> Other _____ Immunizations: <input checked="" type="checkbox"/> Implement pneumococcal/influenza immunization protocol Education: <input checked="" type="checkbox"/> Smoking cessation education (if current Hx of smoking, or quit smoking within last 12 months) <input type="checkbox"/> CBC <input type="checkbox"/> no diff <input type="checkbox"/> auto diff <input type="checkbox"/> manual diff <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> UA - culture if indicated Other: _____ AM Labs: <input type="checkbox"/> CBC <input type="checkbox"/> no diff <input type="checkbox"/> auto diff <input type="checkbox"/> CMP <input type="checkbox"/> BMP Other: _____
Diagnostic Tests: Order if not done in Emergency Department <input type="checkbox"/> Sputum for gram stain & culture: If unable to obtain, RCP for induction <input type="checkbox"/> Blood Cultures now x 2 (Required for ICU patients) <input type="checkbox"/> ABG's <input type="checkbox"/> room air <input type="checkbox"/> on oxygen <input type="checkbox"/> repeat in am <input type="checkbox"/> Chest X-ray indication: pneumonia <input type="checkbox"/> PA/ lateral <input type="checkbox"/> upright portable <input type="checkbox"/> Echo	

Respiratory: Oxygen Protocol Place patient on oxygen to maintain SpO2 greater than or equal to _____% Respiratory Medication Protocol
 Additional Respiratory Care orders _____

Medications: Saline Lock IV _____
 Laxative / Bowel Protocol: Regular Renal
 Antiemetic: Ondansetron HCL (Zofran) 4 mg IV Q 6 h PRN x 2 doses/24 hr. If over 2 doses needed, use Metoclopramide 10 mg IV Q 6 h PRN nausea / vomiting.
 -OR- _____
 Hypnotic: Temazepam (Restoril) _____mg PO at hour of sleep PRN -OR-
 Zolpidem (Ambien) _____mg PO at hour of sleep PRN

Antibiotics: Select appropriate regimen. (Choose one)

Community Acquired Non-ICU Patients	Community Acquired ICU Patients	Health Care Associated ICU and non-ICU
<input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV Q 24 h -AND- Azithromycin 500 mg IV x 1 then 500 mg PO Daily x 2 days (3 days total)	<input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV Q 24 h -AND- Azithromycin 500 mg IV Q 24 h x 3 days	<input type="checkbox"/> Cefepime per pharmacy dosing guidelines -AND- Levofloxacin <input type="checkbox"/> 500 mg or <input type="checkbox"/> 750 mg IV now and Q 24 h per pharmacy guidelines
<input type="checkbox"/> Levofloxacin <input type="checkbox"/> 500 mg or <input type="checkbox"/> 750 mg IV now and Q 24 h per pharmacy guidelines	<input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV Q 24 h -AND- Levofloxacin <input type="checkbox"/> 500 mg or <input type="checkbox"/> 750 mg IV now and Q 24 h per pharmacy guidelines	<input type="checkbox"/> Cefepime per pharmacy dosing guidelines -AND- Tobramycin per pharmacy dosing guidelines -AND- <input type="checkbox"/> Azithromycin 500 mg IV Q 24 h x 3 days -OR- <input type="checkbox"/> Levofloxacin <input type="checkbox"/> 500 mg or <input type="checkbox"/> 750 mg IV now and Q 24 h per pharmacy dosing guidelines
<input type="checkbox"/> Ceftriaxone (Rocephin) 1 gm IV Q 24 h -AND- Doxycycline 100 mg <input type="checkbox"/> IV or <input type="checkbox"/> PO Q 12 h	<input type="checkbox"/> If Hx of or highly suspected β -lactam allergy: Levofloxacin <input type="checkbox"/> 500 mg or <input type="checkbox"/> 750 mg IV now and Q 24 h per pharmacy dosing guidelines -AND- Aztreonam (Azactam) per pharmacy dosing guidelines	<input type="checkbox"/> If Hx of or highly suspected β -lactam allergy: Levofloxacin <input type="checkbox"/> 500 mg or <input type="checkbox"/> 750 mg IV now and Q 24 h per pharmacy dosing guidelines -AND- Aztreonam (Azactam) per pharmacy dosing guidelines -AND- Tobramycin per pharmacy dosing guidelines Renal Insufficiency: Aztreonam (Azactam) IV -AND- Levofloxacin (IV or PO) 750 mg dosage for PNA

If MRSA suspected: Vancomycin per pharmacy dosing guidelines
If MRSA known or highly suspected: Zyvox 600 mg IV or PO Q 12 hours

Pain: For mild pain, begin with #1. If not effective, or pain is moderate to severe, give #2 or #3 based upon patient's pain report, physiologic status and previous medication history.

#1 For mild pain (pain score 0-3) give (choose one):
 Acetaminophen 650 mg PO /PR Q 4 h PRN not to exceed 4 gm / day from all sources -OR- Ibuprofen 400 mg 600 mg PO Q 6 h PRN

#2 For moderate pain (pain score 4-6) give (choose one):
 Hydrocodone/APAP (Norco) 5/325 7.5/325 1-2 PO Q 4 h PRN -OR- Other _____

#3 For severe pain (pain score 7-10) give (choose one):
 Morphine Sulfate _____mg IV Q _____hours PRN -OR- Hydromorphone (Dilaudid) _____mg IV Q _____hours PRN -OR- Other _____

VTE Prophylaxis: None SCDs
 Enoxaparin (Lovenox) 40 mg subcutaneous daily (Pharmacy to adjust for renal function) Heparin 5000 units subcutaneous Q 12 h

Date _____ Time _____ Physician _____ Physician # _____
 Authorization for therapeutic substitution is given unless checked here



SAFH SDH SMCS SRMC

Pneumonia Order Set - Adult

ORDERS

ZZ00167 (2/23/09)

Patient Identification