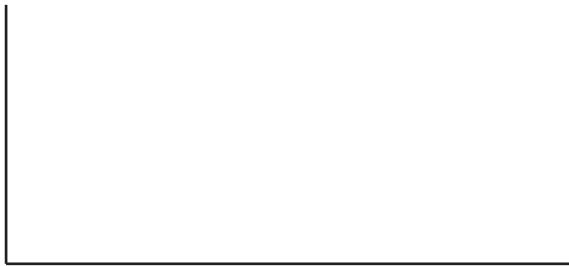




PNEUMONIA ADMISSION ORDERS - Adult

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ADMIT TO DR: _____ BED: _____ PRIMARY CARE PHYSICIAN _____

DIAGNOSIS: Possible gram negative pneumonia Aspiration Pneumonia Other _____

- 1. Consult** Dr. _____ Reason _____
 Dr. _____ Reason _____
 Palliative Care Consult - goal setting and symptom management
 H & P to be done by H & P Service

2. Discharge planning referral

3. Laboratory studies:

- Check to be sure all Emergency Dept. initial orders are complete and results are posted on the chart.
- If any of these orders are not complete, do them now: CBC, Electrolytes, BUN/CR, Glucose, Albumin, Sputum Gram Stain, Culture & Sensitivity.
- Blood Culture & Sensitivity STAT x 2 (draw from different sites) prior to first antibiotic if not done in ED (if clinically indicated).

Other: _____

4. Ancillary orders:

- Two view Chest X-Ray if not done previously or prior X-Ray was portable (Reason: Pneumonia)
- Pulse oximetry as needed for respiratory distress and notify physician
- Oxygen _____, titrate for O₂ saturation greater than 92%. Re-evaluate need in 24 hours per protocol

5. Diet: Regular Diabetic _____ Other: _____

6. Activity: as tolerated Other: _____

7. Miscellaneous:

- Obtain old medical records
- Vital Signs every 4 hours while awake
- I&O every shift
- Obtain and record: admission height and weight
- Nursing pneumococcal and influenza vaccine screen and administration per local protocol.
- If Serum Albumin less than 3.0, Dietary consult for nutritional intervention
- If signs/symptoms of aspiration or difficulty swallowing, consult Speech Therapy to evaluate for possible aspiration
- Smoking cessation counseling if positive history of smoking: Tips to stop smoking, Smoking resources and Quitting smoking video.
- Remove foley catheter in AM if in place, **unless history of long term indwelling catheter or obstructive disease.** Monitor urine output and notify physician if no output in 8 hours.

Phone order taken by and read back by:		Date/Time:
Transcriber's Signature:		Date/Time:
Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:
Prescriber's Signature:	Pager Number/ID Number	Date/Time:



**PNEUMONIA ADMISSION
ORDERS - Adult
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Allergy/Sensitivities and Reactions:	Height: _____	Weight: _____ <input type="checkbox"/> Kg <input type="checkbox"/> Lb
	<input type="checkbox"/> Inches <input type="checkbox"/> Cm	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated

PLEASE UTILIZE MEDICATION RECONCILIATION FORM FOR EVALUATION OF PRE-ADMISSION MEDICATIONS.

8. MEDICATIONS:

IV access: Saline lock unless otherwise stated. Other _____

Antibiotics. Use pathogen-directed treatment when culture available.

Antibiotic started in ED (drug): _____ (time) _____

EMPIRIC ANTIBIOTIC THERAPY - GENERAL MEDICAL UNIT (including nursing home patients with suspected strep pneumonia)
IV antibiotics will automatically be switched on day 3 to oral therapy. If on Day 3 of IV antibiotic therapy patient does not meet criteria for antibiotic switch, physician must re-write antibiotic orders.

- Ceftriaxone (Rocephin®) 1gm IVPB every 24 hours **x 3 doses plus**
Azithromycin 500 mg orally every 24 hours for 3 doses. Give both meds STAT if not started in ED.
Then convert to
Cefuroxime (Ceftin®) 500 mg orally every 12 hours.

OR If patient has a documented anaphylaxis to beta-lactam:

- Moxifloxacin (Avelox®) 400 mg IVPB every 24 hrs x 3 doses, then 400 mg orally every 24 hrs (ID consult required if allergy reaction not documented). Give STAT if not started in ED.

EMPIRIC ANTIBIOTIC THERAPY - ADMIT DIRECTLY TO ICU

- Ceftriaxone (Rocephin®) 1 gm IVPB every 24 hours **plus**
Azithromycin 500 mg IVPB every 24 hours. Give STAT if not started in ED.

OR If patient has a cephalosprin allergy:

- Moxifloxacin (Avelox®) 400 mg IVPB every 24 hours (ID consult required if allergic reaction not documented) **plus**
Aztreonam 1 gm IVPB every 8 hours x 3 doses. Doctor to reassess need for continuation of Aztreonam after 3 doses.

SUSPECTED MULTIPLE-RESISTANT GRAM NEGATIVE ORGANISM(S)

- Piperacillin/Tazobactam (Zosyn®) 4.5 Gm IVPB every 6 hours **plus (choose one)**

Either Ciprofloxacin 400 mg IVPB every 12 hours

OR Gentamicin ___mg IVPB loading dose (then Pharmacy to dose). Give STAT if not started in ED.

Smoking Cessation

- Nicotine Patch _____mg (14 or 21 mg) apply topically daily
- _____

Other medications

- Albuterol updraft 2.5 mg every _____ hours x 24 hours. Modify per local Respiratory therapy protocol.
- _____ as needed for cough
- Milk of Magnesia 30ml orally daily as needed for constipation
- Acetaminophen 650 mg orally every 4 hours as needed for discomfort or fever greater than 101 ° F
- _____ HS as needed for sleep

VTE prophylaxis - Use separate VTE Prophylaxis for Adult Patient Standing Orders

Glycemic control - Use separate Adult Insulin Standing Orders

Phone order taken by and read back by:		Date/Time:	
Transcriber's Signature:		Date/Time:	
Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:	
Prescriber's Signature:	Pager Number/ID Number	Date/Time:	