PHYSICIAN’S PREPRINTED ORDERS

TITLE: COMMUNITY-ACQUIRED PNEUMONIA ADMISSION ORDERS

1. Other Diagnosis ________________________________

2. ☐ EIRMC Hospitalist Service
   ☐ Admit to inpatient status ☐ Telemetry
   ☐ Place in Outpatient Status ☐ Telemetry
   ☐ Place outpatient status/begin observation services ___________________________ ☐ Telemetry

Risk factors for drug resistant pneumococcus:
Patient > 65 years old
ICU patients within 24 hours of arrival
Alcoholism
Systemic antibiotic tx in past 3 months
Medical co-morbidities
Exposed to child in daycare
Injection drug user

Pseudomonal Risk:
Bronchiectasis documented w/ secondary infection
Structural lung disease and hx of repeated antibiotics or long-term systemic steroid use in last 3 months

3. Allergies:
   ☐ NKDA ☐ Other _____________________________

4. Code Status ☐ Full ☐ Do Not Resuscitate

5. Vital Signs: ☐ Q 2 hr ☐ Q 4 hr ☐ Q shift
   ☐ Other ________________________________

6. Activity: ☐ Up ad lib ☐ BRP ☐ Other _____________
   ☐ PT ☐ OT

7. Diet: ☐ Regular ☐ Other _______________________

8. ☐ O₂ @ _______ L/min ☐ Titrate to > ______%  
   ☐ Pulse Oximeter ☐ OR ☐ ABG on O₂ if Sat < 90%

9. Smoking Cessation counseling if indicated

10. Vaccines: Pneumovax IM and seasonal Flu vaccine

11. In AM: ☐ CXR, PA and Lat ☐ CXR, Portable

12. Labs, in AM:
   ☐ CBC & diff ☐ Chem 13 ☐ UA, C/S
   ☐ Procalcitonin ☐ HIV if indicated
   ☐ ESR ☐ PT/INR ☐ Lactate
   ☐ CRP ☐ ABG
   ☐ Urinary antigens for Legionella
   ☐ Urinary antigens for Streptococcus
   ☐ Mycoplasma Panel
   ☐ Other ____________________________________________

13. Now:
   ☐ Blood cultures X 2; if not already completed
   ☐ Sputum sample - gram stain, C&S, if not already completed

14. IV: ☐ Saline Lock IV ☐ Electrolyte Protocol
   ☐ IV ________________@ ___________/hr

15. Respiratory
   ☐ Duoneb inh q ______ hr
   ☐ Albuterol 0.083% nebs inh q ______ hr ☐ prn SOB
   ☐ Acapella ☐ Incentive spirometry

16. Admit to floor
   ☐ Ceftriaxone 1 gm IV q 24 hr and Azithromycin 500 mg IV q 24 hr or
   ☐ Levofoxacin ______ mg IV q ______ hr or
   ☐ Ceftriaxone 1 gm IV q 24 hr and Doxycycline 100 mg IV q12 hr or
   ☐ Tigecycline 100 mg IV now, then 50 mg IV q 12 hr or
   ☐ Azithromycin 500 mg ☐ IV q 24 hr ☐ PO q 24 hr
   (for patients < 65 yrs old and no risk factors for drug resistant pneumococcus) or
   ☐ Meropenem _________ mg IV q ______ hr and Levofoxacin _________ mg IV q ______ hr (pseudomonal risk) or
   ☐ Ceftaroline (Teflaro) 600 mg IV q 12 hr
   ☐ Other ____________________________

17. Aspiration risk (witnessed aspiration, altered mental status, poor dentition, nursing home resident, alcoholism, airway obstruction)
   ☐ Clindamycin 600 mg IV q 6 hr and
   Ceftriaxone 2 gm IV q 24 hr, and
   Azithromycin 500 mg IV q 24 hr
   ☐ Speech Eval

18. Other Medications:
   ☐ Zofran 4 mg IV or PO q 4 hr severe nausea
   ☐ Colace 100 mg PO BID with 8 ounces of water
   ☐ Metamucil 1 packet with water ☐ daily ☐ BID ☐ prn
   ☐ Dulcolax 10 mg PR ☐ now ☐ daily ☐ prn
   ☐ Nicotine patch ______ mg transderm q 24 hr
   ☐ Tylenol 650 mg q 4 hr PO or PR prn mild pain or temp > 101.5
   ☐ Morphine ______ mg IV q ______ hr prn severe pain
   ☐ Fentanyl ______ mcg IV q ______ hr prn severe pain
   ☐ Hydrocodone/APAP _________ mg q ______ hr prn moderate pain
   ☐ PCA (see order sheet)
   ☐ Consult Pain Management Service

[Patient Identification]
19. DVT Prophylaxis
- Lovenox ________ mg SubQ every ______ hr
- Arixtra ________ mg SubQ every ______ hr
- Heparin 5000 units SubQ every 8 hr
- SCDs bilaterally
- Contraindication: ____________________________

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