

Southwest General Hospital Standing Admission Orders Pneumonia

Attending Physician: _____

Date: _____ Time: _____

Admit to Inpatient: _____

Place in Observation Services: Med/Surg Telemetry MICU SICU

Med/Surg Telemetry Other _____

Diagnosis: Community Acquired Pneumonia Aspiration Pneumonia Other: _____

Condition: Stable Guarded Critical Good Fair Poor

Consult: Pulmonary: _____

Infectious Disease: _____

Allergies: Other: _____

Code Status: Full DNR

Vital Signs: Per unit protocol Every shift Every _____ hours

Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges only

Intake & Output Nasotracheal suctioning PRN

Sequential Compression Device (SCD) Compression Stockings (TED hose)

Nursing: Foley to drainage Glucose checks AC and qHS or every _____ hrs

Pulse oximeter every shift twice a day

Other: _____

Diet: Regular NPO 2 gm low sodium Clear liquid Full liquid Cardiac

Carbohydrate controlled 1800 calorie 2000 calorie 2200 calorie

Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr

Saline lock

Other: _____

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more than 92%. May DC if O2 more than 93% on RA.

Venti Mask _____ % FIO2 100% NRB

Other: _____

Protocols (if available): All protocol orders must be placed in chart

Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)

Labs: BMP CMP Urinalysis CBC ABG every _____ hrs

BC X 2 (COLLECT BEFORE FIRST DOSE ANTIBIOTICS)

Contact Respiratory Therapy for sputum collection

Sputum gram stain, C & S Sputum fungus culture/smear

Sputum for AFB smear/culture

Sputum stain for PCP

Other Labs: _____

Studies: CXray: () Portable () PA/Lateral

EKG

Other: _____

Physician Signature: _____

Date/Time: _____



7400 Barlite Blvd.
San Antonio, TX 78224
(210) 921-2000

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
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Allergies: _____

Attending Physician Name: _____

Account Number: _____ MR Number: _____

Patient Name: _____

Admit Date: _____

**Southwest General Hospital Standing Admission Orders
Pneumonia**

Medications: Check the appropriate box.

-ANTIBIOTICS SHOULD BE ADMINISTERED STAT OR WITHIN 4 HOURS OF HOSPITAL ARRIVAL.

-Pharmacy to adjust dose per renal function, pharmacokinetics, and antibiotic de-escalation policies.

Follow Medication Reconciliation Form

Uncomplicated Community Acquired Pneumonia: NKDA

1. Levofloxacin (Levaquin) 750 mg IV every 24 hrs
OR

2. Ceftriaxone (Rocephin) 2 gm IV every 24 hrs (1 gm IV every 24hrs if patient older than 65 yrs old) PLUS
Azithromycin (Zithromax) 500 mg IV every 24 hrs

If documented B-Lactam allergy:

3. Levofloxacin (Levaquin) 750 mg IV every 24 hrs

ICU Admission:

1. **LEVOFLOXACIN (LEVAQUIN) 750 MG IV EVERY 24 HRS PLUS**

CEFTRIAOXONE (ROCEPHIN) 1 GM IV EVERY 24 HRS

OR

2. **CEFTRIAOXONE(ROCEPHIN)2 GM IV EVERY 24 HRS(1 GM IV EVERY 24HRS IF PATIENT OLDER THAN 65 YRS OLD) PLUS**

AZITHROMYCIN (ZITHROMAX) 500 MG IV EVERY 24 HRS

If aspiration suspected, add:

3. Clindamycin 900 mg IV every 8 hrs

Hospital Ventilator, Nursing Home Acquired, Immunocompromised or CAP with suspected Pseudomonas:

1. Piperacillin/Tazobactam (Zosyn) 3.375 gm 4.5 gm IV every 6 hrs PLUS

Tobramycin 5 mg/kg every 24 hrs (Pharmacy to adjust dose for target trough less than 1 microgram/ml)
OR

2. Cefepime 1 gm IV 2 gm IV every 12 hrs PLUS

Tobramycin 5 mg/kg every 24 hrs (Pharmacy to adjust dose for target trough less than 1 microgram/ml)

For Penicillin allergy:

3. Levofloxacin 750 mg IV every 24 hrs PLUS

Aztreonam (Azactam) 1 gm IV 2 gm IV 8 hrs 12 hrs

If MRSA suspected

4. Add Vancomycin 1 gm IV every 12 hrs (Kinetics per pharmacy)

Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hours (renal dosing)

PPD

Lorazepam (Ativan) 0.5mg PO 1 mg PO PRN every 6 hrs as needed for anxiety

Famotidine (Pepcid) 20 mg IV twice daily PO twice daily

Nicotine _____ mg topical patch apply daily

Percocet 5/325 mg PO every 4 hrs PRN for moderate pain

Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to morphine or codeine)

Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.

Ondansetron (Zofran) 4 mg IV every 8 hrs PRN nausea/vomiting

Standard Medications: (all orders below will be implemented unless crossed out)

-Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hrs)

-Docusate sodium (Colace) 100 mg PO qHS

-MOM 30 ml PO PRN constipation

-Maalox 30 ml PO PRN heartburn

Vaccination: Initiate the Inpatient Pneumococcal / Influenza order form


Additional Meds:

Core Measure elements are identified by a larger bolded font size

Physician Signature: _____

Date/Time: _____

	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

 <p>7400 Barlito Blvd. San Antonio, TX 78224 (210) 921-2000</p> <p><i>Always here. Always caring for you.</i></p>	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									