



Physician Orders: ADULT
Title: ED Pneumonia Care Track Orders

attach patient label here

[X or R] = will be ordered unless marked out.

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Uncategorized		
<input checked="" type="checkbox"/>	ED/ Initial Pneumonia Care Track	
<input checked="" type="checkbox"/>	Pneumonia Quality Measures	
Patient Care		
<input checked="" type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, STAT
<input type="checkbox"/>	Nursing Communication:	Antibiotics AFTER blood cultures collected, if ordered. Do not delay antibiotics if blood cultures delayed
Respiratory Care		
<input type="checkbox"/>	Nasal Cannula (O2-Nasal Cannula)	T;N Stat, 2 L/min, Special Instructions: titrate to keep O2 sat \geq 92%
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG- RT Collect)	T;N Stat once
RISK ASSESSMENT FOR RESISTANT PATHOGENS		
<input checked="" type="checkbox"/>	Risk Assessment for Resistant Pathogens	T;N, Must document assessment below
NOTE: Risk Factors for resistant pathogens (check all that apply)		
<input type="checkbox"/> No Risk Factors Present		
<input type="checkbox"/> Structural lung disease		
<input type="checkbox"/> Intravenous antibiotics within the last 90 days		
<input type="checkbox"/> Acute Care Hospitalization (greater than or equal to 48hours) in the past 90 days		
Medications		
Medications - NON ICU PATIENTS- NO RISK FACTORS PRESENT		
No Antibiotic resistant Pathogen Risk Factors Identified		
<input type="checkbox"/>	moxifloxacin	400 mg, Tab, PO, once, STAT
<input type="checkbox"/>	moxifloxacin	400 mg, IV Piggyback, IV Piggyback, once, STAT Comment: If unable to take PO
NOTE: If allergic to quinolones: Give BOTH cefTRIAXone 1 gm IV PLUS azithromycin. (Give cefTRIAXone 2 g IV if weight greater than 91 kg.)		
<input type="checkbox"/>	cefTRIAXone	1 g, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	cefTRIAXone	2 g, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	azithromycin	500 mg, Tab, PO, once, STAT
NOTE: Give doxycycline if patient cannot tolerate azithromycin		
<input type="checkbox"/>	doxycycline	100mg, Tab, PO, once, STAT





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Medications (continued)		
Medications - ICU PATIENTS - NO RISK FACTORS PRESENT		
No Antibiotics Resistant Pathogen Risk Factors Identified		
Give BOTH cefTRIAxone and Moxifloxacin		
<input type="checkbox"/>	cefTRIAxone	2 g, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	moxifloxacin	400 mg, IV Piggyback, IV Piggyback, once, STAT
Medications - NON ICU AND ICU PATIENTS AND RISK FACTORS PRESENT		
Antibiotics Resistant Pathogen Risk Factors Identified		
Give piperacillin-tazobactam (Zosyn) PLUS ciprofloxacin PLUS vancomycin		
<input type="checkbox"/>	piperacillin-tazobactam	4.5 g, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	ciprofloxacin	400 mg, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	vancomycin	15 mg/kg, IV Piggyback, IV Piggyback, once, STAT
If known or suspected quinolone resistance give piperacillin-tazobactam (Zosyn) PLUS tobramycin PLUS azithromycin PLUS vancomycin		
<input type="checkbox"/>	piperacillin-tazobactam	4.5 g, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	tobramycin	7 mg/kg, injection, IV piggyback, once, STAT
<input type="checkbox"/>	azithromycin	500 mg, Injection, IV Piggyback, once, STAT
<input type="checkbox"/>	vancomycin	15 mg/kg, Injection, IV Piggyback, once, STAT
If documented beta lactam allergy: Give aztreonam PLUS moxifloxacin PLUS tobramycin PLUS vancomycin		
<input type="checkbox"/>	aztreonam	2 g, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	moxifloxacin	400 mg, IV Piggyback, IV Piggyback, once, STAT
<input type="checkbox"/>	tobramycin	7 mg/kg, injection, IV piggyback, once, STAT
<input type="checkbox"/>	vancomycin	15 mg/kg, Injection, IV Piggyback, once, STAT
Laboratory		
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Comprehensive Metabolic Panel	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Lactic Acid Level (Lactate Level)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Pneumococcal Antigen (Strep Pneumo Antigen)	T;N, STAT, once, Type: Urine, Nurse Collect
Diagnostic Tests		
<input type="checkbox"/>	CXR Portable	T;N, Reason for Exam: SOB (Shortness of Breath), STAT, Portable
<input type="checkbox"/>	Chest PA & Lateral	T;N, Reason for Exam: SOB (Shortness of Breath), STAT, Stretcher

Date	Time	Physician's Signature	MD Number
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