



attach patient label here

Physician Orders ADULT
Title: Pneumonia Orders

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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"/>	Pneumonia Care Track	
<input checked="" type="checkbox"/>	Pneumonia Quality Measures	
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input type="checkbox"/> Other		
<input type="checkbox"/>	Patient Status Initial Outpatient	Attending Physician: _____
Outpatient Status/Service: <input type="checkbox"/> OP-A <input type="checkbox"/> OP-Diagnostic Procedure <input type="checkbox"/> OP-Observation Services		
NOTE to MD:		
Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.		
Initial Status Outpatient – Ambulatory surgery – Outpatient surgery/procedure with discharge anticipated after a routine or, in some cases, extended recovery. <ul style="list-style-type: none"> • Routine recovery after outpatient surgery is estimated at 6-8 hours. • “Extended” routine recovery may be required for a patient to stay longer (could be overnight) to recover from anticipated sequela of surgery including effects of anesthesia, nausea, pain. • For unanticipated sequela of surgery or a complicated post operative course, the patient may require a status change to inpatient. Please consult with a case manager before making this choice of “status change”. • Examples: Initial status outpatient is generally selected for patients undergoing PCI, diagnostic caths, EP studies, ablations, pacemaker implantations, other routine surgeries. 		
Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours <ul style="list-style-type: none"> • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay. 		
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
<input type="checkbox"/>	Transfer Pt within current facility	T;N, Attending Physician: _____ Level of Care: <input type="checkbox"/> Med-Surg, <input type="checkbox"/> Critical Care, <input type="checkbox"/> Stepdown, <input type="checkbox"/> Obstetrics, <input type="checkbox"/> No Change Tele Type: <input type="checkbox"/> None, <input type="checkbox"/> Telemetry, <input type="checkbox"/> Remote Telemetry
Reason for Visit: _____		
Reason for Visit: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record T,P,R,BP, q8h(std)
Activity		
<input type="checkbox"/>	Out Of Bed (Activity As Tolerated)	T;N
Food/Nutrition		
<input type="checkbox"/>	Regular Adult Diet (Regular Diet)	Start at: T;N
<input type="checkbox"/>	1800 Calorie ADA Diet	
<input type="checkbox"/>	Sodium Control Diet	Start at: T;N, Level: 2 gm, Adult (>18 years)
<input type="checkbox"/>	Renal Diet Not On Dialysis	Start at: T;N, Adult (>18 years), Sodium Restriction: Low Sodium
<input type="checkbox"/>	Renal Diet On Dialysis	Start at: T;N, Adult (>18 years), Sodium Restriction: Low Sodium
<input type="checkbox"/>	American Heart Association Diet	Start at: T;N, Adult (>18 years), Low Sodium



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Patient Care		
<input type="checkbox"/> [R]	O2 Sat Spot Check-NSG	T;N
<input type="checkbox"/> []	Code Status	T;N
<input type="checkbox"/> [R]	Smoking Cessation Advice/Counseling	T; N, Provide teaching materials and document
<input type="checkbox"/> []	Instruct/Educate	T;N, Instruct Patient, Topic: Pneumonia
<input type="checkbox"/> []	Instruct/Educate	T;N, Instruct Patient, Topic: Incentive Spirometry
Nursing Communication		
<input type="checkbox"/> []	Nursing Communication	T;N, 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, 2 L/min, Special Instructions: titrate to keep O2 sat =/> 92-98%
RISK ASSESSMENT FOR RESISTANT PATHOGENS (must document)		
<input type="checkbox"/> []	Risk Assessment for Resistant Pathogens	T;N, Must document assessment
These are the Risk Factors:(check all that apply)		
NOTE: Risk Factors for resistant pathogens (check all that apply)		
<input type="checkbox"/> []	No Risk Factors Present	
<input type="checkbox"/> []	Repeated use of systemic corticosteroid therapy in the last 90 days or Chronic systemic steroid use	
<input type="checkbox"/> []	Structural lung disease and multiple rounds of antibiotic therapy in the last 90 days / Pseudomonas risk	
<input type="checkbox"/> []	Acute Care Hospitalization in the past 90 days	
<input type="checkbox"/> []	Residence in a Nursing home or extended care facility within the last 90 days	
<input type="checkbox"/> []	Home infusion therapy	
<input type="checkbox"/> []	Chronic Dialysis within 30 days	
<input type="checkbox"/> []	Wound / trach / ventilator care provided by a health care professional within the last 30 days	
<input type="checkbox"/> []	Immunocompromised	
<input type="checkbox"/> []	Patient has health care associated pneumonia	
NOTE: FIRST DOSE TO BE GIVEN STAT if not already given in ED.		
NOTE: ED Admitted Patients: Continue antibiotic regimen per category below		
Medications- NON ICU PATIENTS and NO RISK FACTORS PRESENT		
No Antibiotic Resistant Pathogen Risk Factors Identified		
<input type="checkbox"/> []	moxifloxacin	400 mg, Tab, PO, q24h, STAT, (7 day)
<input type="checkbox"/> []	moxifloxacin	400 mg, IV Piggyback, IV Piggyback, q24h, STAT, (7 day), if unable to take PO
NOTE: If allergic to quinolones: Give ceftriaxone 1 gm IV daily PLUS azithromycin (Give ceftriaxone 2 gm IV daily if weight greater than 91 kg)		
<input type="checkbox"/> []	cefTRIAxone	1 g, IV Piggyback, IV Piggyback, q24h, STAT, (7 day), Comment: Pneumonia Care Track
<input type="checkbox"/> []	cefTRIAxone	2 g, IV Piggyback, IV Piggyback, q24h, STAT, (7 day), Comment: Pneumonia Care Track
<input type="checkbox"/> []	azithromycin	500 mg, Tab, PO, q24h, STAT, (for 7 day), Comment: Pneumonia Care Track
NOTE: Give doxycycline if patient cannot tolerate azithromycin		
<input type="checkbox"/> []	doxycycline	100 mg, Tab, PO, q12h STAT, (7 day), Comment: Pneumonia Care Track

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Medications- ICU PATIENT and NO RISK FACTORS PRESENT		
No Antibiotic Resistant Pathogen Risk Factors Identified		
	NOTE: Give both ceftriaxone and moxifloxacin	
[]	ceftriaxone	2 g, IV Piggyback, IV Piggyback, q24h, STAT, (7 day), Comment: Pneumonia Care Track
[]	moxifloxacin	400 mg, IV Piggyback, IV Piggyback, q24h, STAT, (7 day)
	NOTE: If documented beta lactam allergy then give moxifloxacin AND azithromycin	
[]	moxifloxacin	400 mg, IV Piggyback, IV Piggyback, q24h, STAT, (7 day)
[]	azithromycin	500 mg, IV Piggyback, IV Piggyback, q24h, STAT, (for 7 day), Comment: Pneumonia Care Track
	NOTE: If allergic to quinolones: ceftriaxone PLUS azithromycin	
[]	ceftriaxone	2 g, IV Piggyback, IV Piggyback, q24h, STAT, (7 day), Comment: Pneumonia Care Track
[]	azithromycin	500 mg, IV Piggyback, IV Piggyback, q24h, STAT, (for 7 day), Comment: Pneumonia Care Track
Medications- NON ICU or ICU PATIENTS AND RISK FACTORS PRESENT		
Antibiotic Resistant Pathogen Risk Factors Identified		
	NOTE: Give piperacillin-tazobactam(Zosyn) PLUS ciprofloxacin PLUS vancomycin	
[]	piperacillin-tazobactam	4.5 g, IV Piggyback, IV Piggyback, q6h, STAT, (7 day), Comment: Pneumonia Care Track
[]	ciprofloxacin	400 mg, IV Piggyback, IV Piggyback, q8h, STAT, (7 day)
[]	vancomycin	15 mg/kg, Injection, IV Piggyback, q12h, STAT, (7 day), Comment: Pneumonia Care Track
	NOTE: If known or suspected quinolone resistance give piperacillin-tazobactam(Zosyn) PLUS tobramycin PLUS azithromycin PLUS vancomycin	
[]	piperacillin-tazobactam	4.5 g, IV Piggyback, IV Piggyback, q6h, STAT, (7 day), Comment: Pneumonia Care Track
[]	tobramycin	7 mg/kg, Injection, IV Piggyback, q24h, STAT, (7 day), Comment: Pneumonia Care Track
[]	azithromycin	500 mg, IV Piggyback, IV Piggyback, q24h, STAT, (7 day) Comment: Pneumonia Care Track
[]	vancomycin	15 mg/kg, Injection, IV Piggyback, q12h, STAT, (7 day), Comment: Pneumonia Care Track
	NOTE: If documented beta lactam allergy: Give: aztreonam PLUS moxifloxacin PLUS tobramycin PLUS vancomycin	
[]	aztreonam	2 g, IV Piggyback, IV Piggyback, q8h , STAT, (7 day), Comment: Pneumonia Care Track
[]	moxifloxacin	400 mg, IV Piggyback, IV Piggyback, q24h, STAT, (7 day) Comment: Pneumonia Care Track
[]	tobramycin	7 mg/kg, Injection, IV Piggyback, q24h, STAT, (7 day), Comment: Pneumonia Care Track
[]	vancomycin	15 mg/kg, Injection, IV Piggyback, q12h, STAT, (7 day), Comment: Pneumonia Care Track



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Laboratory	
<input type="checkbox"/>	CBC T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP) T;N, Routine, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP) T;N, Routine, once, Type: Blood
NOTE: If patient admitted to ICU, Blood Culture MUST be ordered. Place order below:	
<input type="checkbox"/>	Blood Culture Time Study, q5min x 2 occurrence, Specimen Source: Peripheral Blood, Comment: Must order if patient going to ICU
NOTE: Place Lactic Acid order below if not previously ordered in ED:	
<input type="checkbox"/>	Lactic Acid Level (Lactate Level) STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Legionella Antigen Urine Routine, T;N, Type: Urine, Nurse Collect
Diagnostic Tests	
<input type="checkbox"/>	Chest 1VW Frontal T;N, Reason for Exam: SOB(Shortness of Breath), Routine, Portable
<input type="checkbox"/>	Chest 2VW Frontal & Lat (Chest 2 VW) T;N, Reason for Exam: SOB(Shortness of Breath), Routine, Stretcher
Consults/Notifications	
<input type="checkbox"/>	Consult Clinical Pharmacist Start at: T;N, Reason: for renal dosing per Pneumonia Care Track
<input type="checkbox"/>	Pharmacy Consult- Vancomycin Dosing Start at: T;N, Reason: for vancomycin dosing per Pneumonia Care Track
<input type="checkbox"/>	Physician Group Consult (Consult MD Group) T;N, Group: Hospice and Palliative Care

Date **Time** **Physician's Signature** **MD Number**