



ORDERED		ADULT COMMUNITY ACQUIRED PNEUMONIA ORDERS	TIME ORDER NOTED
DATE	TIME		
		<i>Check appropriate boxes.</i>	
		Primary Diagnosis:	
		<input type="checkbox"/> Oxygenation Assessment by pulse oximetry or ABG-- <input type="checkbox"/> completed	
		<input type="checkbox"/> Blood Cultures x 2 -- <input type="checkbox"/> completed only required if ICU admit	
		<input type="checkbox"/> Smoking History and Counseling <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE	
		Antibiotics (initial dose within 6 hours of arrival) initial dose given time: _____	
		Non-ICU Patient (choose one)	
		<input type="checkbox"/> Levaquin 750 mg IV daily	
		<input type="checkbox"/> Cefotaxime 1 gm IV daily plus Zithromax 500mg IV daily	
		ICU Admission – Blood Cultures required	
		Requires two drugs: select one from box A & one from box B	
		A	B
		<input type="checkbox"/> Cefotaxime 1 gm IV daily	<input type="checkbox"/> Zithromax 500 mg IV daily
		<input type="checkbox"/> Cefotaxime 2 gm IV every 8 hrs	<input type="checkbox"/> Levaquin 750 mg IV daily
		<input type="checkbox"/> Beta Lactam Allergy: Levaquin 750 mg IV daily + Aztreonam 2 gms IV every 6 hrs	
		<input type="checkbox"/> Patient is Pseudomonal Risk	
		Reason for Pseudomonal Risk: Check a box below	
		<input type="checkbox"/> Bronchiectasis (OR)	
		<input type="checkbox"/> Structural lung disease with repeat antibiotic or chronic steroid use	
		Requires two Antipseudomonal drugs: select one from A & one from B	
		A	B
		<input type="checkbox"/> Piperacillin/Tazobactam (Zosyn) 4.5 gm IV every 6 hours	<input type="checkbox"/> Levaquin 750 mg IV daily
		<input type="checkbox"/> Primaxin 500 mg every 6 hours IV	
		<input type="checkbox"/> Meropenem 1 gm every 8 hours IV	
		<input type="checkbox"/> Beta Lactam Allergy: Aztreonam 2 gms IV every 6 hours plus Levaquin 750 mg IV Daily PLUS Tobramycin – Pharmacy to Dose	
		<input type="checkbox"/> Renal failure: Aztreonam 2 gms IV every 6 hrs plus Levaquin 750 mg IV daily	
		Difficult to Diagnose Pneumonia	
		<input type="checkbox"/> Difficulty with diagnosis resulted in a delay of treatment (> 4 hrs until admin. Abx.)	
		Physician Signature: _____	Date: _____ Time: _____



**ADULT COMMUNITY ACQUIRED
PNEUMONIA ORDERS**

Patient Label