

ORDERED		ADULT COMMUNITY ACQUIRED PNEUMONIA ORDERS	TIME
DATE	TIME		ORDER NOTED
		<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	
		<input type="checkbox"/> Pneumococcal vaccine screening <input type="checkbox"/> Influenza vaccine screening (October-March)	
		Antibiotics (initial dose within 4 hours of arrival) initial dose given time: _____	
		Non-ICU Patient (choose one)	
		<input type="checkbox"/> Levaquin 750 mg IV daily	
		<input type="checkbox"/> Ceftriaxone 1 gm IV daily plus Zithromax 500mg IV daily	
		ICU Patient	
		Requires two drugs: select one from box A & one from box B	
		Blood cultures also required	
		A	B
		<input type="checkbox"/> Ceftriaxone 2 gms IV daily	<input type="checkbox"/> Zithromax 500mg IV daily
		<input type="checkbox"/> Cefotaxime 2 gms 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 A PSEUDOMONAL RISK	
		Requires two antipseudomonal drugs: select one from A & one from B	
		<input type="checkbox"/> Piperacillin/Tazobactam (Zosyn) 4.5 gm IV every 6 hours	<input type="checkbox"/> Levaquin 750mg IV daily
		<input type="checkbox"/> Primaxin 500mg 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	
		MRSA Risk Factors	
		<input type="checkbox"/> Add Vancomycin 15mg/kg every 12 hrs IV (consult pharmacy to adjust)	
		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: _____