



ADULT COMMUNITY ACQUIRED PNEUMONIA ADMIT ORDERS

Check appropriate boxes:

For HCAP, HAP, VAP, and Aspiration, see separate order set # 18-114.63

Admit to \_\_\_\_\_ to Dr. \_\_\_\_\_

- Inpatient  Observation  Telemetry

Diagnosis: \_\_\_\_\_

Difficulty with diagnosis of pneumonia due to atypical presentation

Consult Dr. \_\_\_\_\_ Reason: \_\_\_\_\_

I have called Dr. \_\_\_\_\_, add to his/her list.

Diet:  NPO  Regular  Other: \_\_\_\_\_

Code Status:  Full Code  Do Not Resuscitate  Palliative Care Consult  Do Not Resuscitate and Comfort Care Only

NURSING ORDERS:

Activity:  Up ad lib  Up with assistance  Bedrest  Up in chair

Ambulate \_\_\_ times daily  Other: \_\_\_\_\_

Vital Signs:  Routine  every 4 hours  Other: \_\_\_\_\_

Daily Weights (no bed scale if able to stand)

Intake and Output  Strict I&O

Notify for new onset of temp > 100.6 degrees

Assess Smoking History and Counsel

Pneumococcal Vaccine Screening

Influenza Vaccine Screening (Oct.-March)

Oxygen assessment by pulse oximetry

LABORATORY: Now if not done in ED:

- CBC  CBC with diff  BMP  CMP

Blood cultures x 2 (required for ICU admission) collect prior to antibiotics

- PT/INR/PTT  ABG

Other labs: \_\_\_\_\_

RADIOLOGY: \_\_\_\_\_

RESPIRATORY:

EKG

O2 NBP @ \_\_\_\_\_ L/min

O2 FM @ \_\_\_\_\_ L/min

Nebulizers:  Albuterol 0.083% (2.5mg/3ml) q \_\_\_\_\_ hours routine and q \_\_\_\_\_ hours as needed sob/wheezing

Ipratropium 0.02% (0.5mg/2.5ml) q \_\_\_\_\_ hours routine and q \_\_\_\_\_ hours as needed sob/wheezing

Duoneb unit dose q \_\_\_\_\_ hours routine and q \_\_\_\_\_ hours as needed sob/wheezing

Other nebulizer: \_\_\_\_\_

Sputum Culture and Gram Stain (Collect by Respiratory Therapy)

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



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**MEDICATIONS:**

- IV \_\_\_\_\_ @ \_\_\_\_\_ ml/hr.  INT
- Diabetic Management Bundle (see attached order set)**
- DVT Prophylaxis (see attached order set)**
- PRN Medications (see attached order set)**



**Non-ICU Admission Antibiotics**

Please consult pharmacy to monitor and adjust all doses based on renal function.

Choose One:

- Levofloxacin 750 mg IV every 24 hours
- Ceftriaxone 1 gm IV every 24 hours plus Azithromycin 500 mg IV every 24 hours

Pseudomonal Risk (Select one antibiotic from column A and one from column B below):

- Structural lung disease and repeated antibiotics or chronic steroid use within the last 3 months
- Bronchiectasis
- Physician/APN/PA documented Pseudomonal risk

A	B
<input type="checkbox"/> Piperacillin-Tazobactam 4.5 gm IV every 6 hours	<input type="checkbox"/> Levofloxacin 750 mg IV every 24 hours
<input type="checkbox"/> Cefepime 2 gm IV every 12 hours	
<input type="checkbox"/> Doripenem 500 mg IV every 8 hours	<input type="checkbox"/> Gentamicin (pharmacy to dose) and Levofloxacin 750 mg IV every 24 hours
<input type="checkbox"/> <b>Beta Lactam Allergy:</b> Levofloxacin 750 mg IV every 24 hours and Aztreonam 2 gm IV every 6 hours.	
<input type="checkbox"/> <b>CA-MRSA Risk:</b> Vancomycin IV - Pharmacy to dose	

**ICU Admission Antibiotics:**

Please consult pharmacy to monitor and adjust all doses based on renal function.

New admits: Obtain blood cultures X 2 prior to starting antibiotics, if not collected in ED.

Transfers from floor to ICU: Obtain blood cultures upon transfer if not already obtained during the current admission.

Choose one drug from Box A and one from Box B:

A	B
<input type="checkbox"/> Ceftriaxone 1 gm IV every 24 hours	<input type="checkbox"/> Levofloxacin 750 mg IV every 24 hours
<input type="checkbox"/> Cefepime 2 gm IV every 8 hours	<input type="checkbox"/> Azithromycin 500 mg IV every 24 hours
<input type="checkbox"/> Piperacillin - Tazobactam 4.5 gm IV every 6 hours	
<input type="checkbox"/> Doripenem 500 mg IV every 8 hours	
<input type="checkbox"/> <b>Beta Lactam Allergy:</b> Levofloxacin 750 mg IV every 24 hours and Axtreonam 2 gm IV every 6 hours	
<input type="checkbox"/> <b>CA-MRSA Risk:</b> Vancomycin IV - Pharmacy to dose	

**Diagnoses present or not present on admission**

Secondary diagnosis/problems (this information can affect the patient's severity level)	Yes	No	Indicate whether the condition was present on the patient's arrival at the hospital
1. Pressure Ulcer			<b>If yes, document site(s):</b> _____ _____ _____
2. Foley catheter related UTI			
3. Central Venous catheter associated infection			
4. Poor glycemic control			
a. uncontrolled on admission			
b. admitted with DKA, coma or hyperosmolarity			

Other Orders \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



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**PRN MEDICATION ORDERS:  
(Choose one for each condition)**

- Nausea:  Promethazine (Phenergan) 12.5 mg IV every 6 hours as needed.  
 Promethazine (Phenergan) 25 mg IV every 6 hours as needed.  
 Ondansetron (Zofran) 4 mg IV every 4 hours as needed.  
 Ondansetron (Zofran) 8 mg IV every 8 hours as needed.
- Fever:  Acetaminophen (Tylenol) 650 mg po every 4 hours as needed for Temp. >101  
 Acetaminophen (Tylenol) 650 mg suppository rectally every 4 hours as needed for Temp. >101  
 Other:
- Cough:  Benzonatate (Tessalon Pearles) 100 mg PO q 6 hours as needed  
 Guaifenesin (Robitussin) 400mg PO q 6 hours as needed
- Indigestion:  Magnesium and aluminum hydroxides with simethicone (Mylanta) 30 ml po as needed.  
 Famotidine (Pepcid) 40 mg po every day as needed  
 Other:
- Constipation:  Bisacodyl (Dulcolax) suppository rectally as needed.  
 Magnesium Hydroxide Suspension (Milk of Magnesia) 30 ml po as needed.  
 Sodium phosphate enema (Fleets Enema) as needed.  
 Other:
- Anxiety:  Alprazolam (Xanax) 0.25 mg po every 6 hours as needed.  
 Diazepam (Valium) \_\_\_\_\_ mg po every 6 hours as needed.  
 Lorazepam (Ativan) \_\_\_\_\_ mg po every 6 hours as needed.  
 Other:
- Sleep:  Zolpidem (Ambien) 5 mg po every hs as needed and may repeat in 30 minutes.  
 Temazepam (Restoril) 15 mg po every hs as needed.  
 Temazepam (Restoril) 30 mg po every hs as needed.
- Pain:  Nitroglycerin 0.4 mg sl prn for chest pain, every 5 minutes x 3  
 Acetaminophen (Tylenol) 650 mg po every 4 hours as needed.  
 Hydrocodone 5mg with acetaminophen 500 mg (Lortab 5 mg) po every 4 hours as needed.  
 Hydrocodone 7.5mg with acetaminophen 500 mg (Lortab 7.5 mg) po every 4 hours as needed.  
 Other:
- Respiratory:  Albuterol 0.083% (2.5 mg/3 ml) q \_\_\_\_\_ hours routine and q \_\_\_\_\_ hours as needed  
sob/wheezing  
 Ipratropium 0.02% (0.5 mg/2.5 ml) q \_\_\_\_\_ hours routine and q \_\_\_\_\_ hours as needed  
sob/wheezing  
 Duoneb unit dose q \_\_\_\_\_ hours routine and q \_\_\_\_\_ hours as needed sob/wheezing  
 Other nebulizer: \_\_\_\_\_

**Lipbalm (Blistex) to lips prn for dryness or irritation**  
**Artificial Tears prn for dryness**  
**Benzocaine/Phenol (Chloraseptic) Spray prn for sore throat**  
**Vasolex cream to buttocks prn for dryness**

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



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# Prevention of Hospital Acquired Venous Thromboembolism

## Venous Thromboembolism Risk Factors

Age >50 year Myeloproliferative disorder Dehydration CHF Active malignancy Hormonal replacement Moderate to Major surgery	Prior history of VTE Impaired mobility Inflammatory bowel disease Active rheumatic disease Sickle cell disease Estrogen based contraceptives Central venous catheter	Acute or chronic lung disease Obesity Known thrombophilic state Varicose veins/chronic stasis Recent post-partum w/immobility Nephrotic syndrome Myocardial infarction
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## Venous Thromboembolism (VTE) Risk in the Hospitalized Inpatient

LOW	MODERATE	HIGH
<input type="checkbox"/> Ambulatory patient without additional VTE Risk Factors <input type="checkbox"/> Ambulatory patient with expected LOS <=2 days, or same day/minor surgery Only a few patients!! <b>Ambulation and Education</b>	<input type="checkbox"/> All other patients (most patients)  (not in LOW or HIGH category) <b>LMWH or UFH 5000 units q 8 hours</b>	<input type="checkbox"/> Elective major lower extremity arthroplasty <input type="checkbox"/> Hip, pelvic, or severe lower extremity fractures <input type="checkbox"/> Acute spinal cord injury with paresis <input type="checkbox"/> Major multiple trauma <input type="checkbox"/> Abdominal or pelvic surgery for cancer <b>LMWH or Arixtra or Coumadin, AND SCD</b>

### Pharmacologic Prophylaxis Options: Choose ONE:

- Enoxaparin 40 mg subcutaneous q 24 hours (both MODERATE and HIGH risk patients, except knee replacement)
- Enoxaparin 30 mg subcutaneous q 12 hours (HIGH risk, knee replacement)
- Enoxaparin RENAL DOSING: CrCl < 30: 30 mg subcutaneous q 24 hours (MODERATE and HIGH risk patients)
- UFH 5000 units subcutaneous q 8 hours (MODERATE risk only)
- UFH 5000 units subcutaneous q 12 hours (for MODERATE risk patients <50kg or > 75 years of age)
- Fondaparinux 2.5 mg subcutaneous q 24 hours (alternate in selected HIGH risk patients)
- Coumadin \_\_\_\_\_mg po daily, target INR 2-3 (alternate in selected HIGH risk patients)
- NO pharmacologic prophylaxis, patient has contraindication to pharmacologic prophylaxis or is on therapeutic anticoagulation (please check contraindications)
- NO pharmacologic prophylaxis, patient has NO VTE risk factors listed and meets LOW risk criteria above.

### Mechanical Prophylaxis:

- Venodynes (SCD) (Default adjunct in HIGH risk patients, or in contraindications to anticoagulation)
- Graduate compression stockings
- NO mechanical VTE prophylaxis

### Contraindications or other Conditions to Consider with Pharmacologic VTE Prophylaxis

<input type="checkbox"/> ABSOLUTE	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> OTHER
<input type="checkbox"/> Active Hemorrhage <input type="checkbox"/> Severe trauma to head or spinal cord with hemorrhage in the last 4 weeks <input type="checkbox"/> Other _____	<input type="checkbox"/> Intracranial hemorrhage within last year <input type="checkbox"/> Craniotomy within 2 weeks <input type="checkbox"/> Intraocular surgery within 2 weeks <input type="checkbox"/> GI, GU hemorrhage within the last month <input type="checkbox"/> Thrombocytopenia (<50K) or coagulopathy (PT > 18 seconds) <input type="checkbox"/> End stage liver disease <input type="checkbox"/> Active intracranial lesions/neoplasms <input type="checkbox"/> Hypertensive urgency/emergency <input type="checkbox"/> Postoperative bleeding concerns*	<input type="checkbox"/> Immune mediated HIT <input type="checkbox"/> Epidural analgesia with spinal catheter (current or planned)

\*Scheduled return to OR within the next 24 hours

\*Spinal Cord or Ortho Spine: 7 days leeway

\*General Surgery, s/p Trauma admission: 48 hours leeway

\*Major Ortho: 24 hours leeway

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



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