ADULT PNEUMONIA ADMIT ORDERS
HCAP, HAP, VAP AND ASPIRATION

Check appropriate boxes:
If CAP refer to separate order set number 18-114.57

TYPE OF PNEUMONIA: (Choose one)
☐ HAP is a pneumonia that occurs 48 hours or more after admission and did not appear to be incubating at the time of admission.
☐ VAP is a type of HAP that develops 48 to 72 hours after endotracheal intubation.
☐ HCAP is a type of pneumonia that occurs in a non hospitalized patient with extensive healthcare contact, as defined by one or more of the following:
   ☐ Wound care, ventilator care, and tracheostomy care within prior 30 days
   ☐ Residence in nursing home or long-term care facility
   ☐ Hospitalization in an acute care hospital within prior 90 days
   ☐ Chronic dialysis within the prior 30 days to this hospitalization.
☐ Aspiration
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
            ☐ Comfort Care plus Do Not Resuscitate

NURSING ORDERS:
Activity: ☐ Up ad lib    ☐ Up with assistance    ☐ Bedrest    ☐ Up in chair with meals
   ☐ 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
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 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% (2.5 mg/3ml) q _________ hours routine and q _________ hours as needed sob/wheezing
  - □ Ipratropium 0.02% (0.5mg/2.5ml) mg 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)

MEDICATIONS:

- IV _________________________@___________ml/hr.  □ INT
- Diabetic Management Bundle (see attached order set)
- DVT Prophylaxis (see attached order set)
- PRN Medications (see attached order set)

Antibiotics
- Antibiotics (initial dose within 6 hours of arrival)
- Please consult pharmacy to monitor and adjust all doses based on renal function

☐ HCAP, HAP, and VAP
  Choose one drug from box A and one from box B

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cefepime 2 gm IV every 8 hours</td>
<td>□ Levofloxacin 750 mg IV q 24hrs</td>
</tr>
<tr>
<td>□ Piperacillin-Tazobactam 4.5 gm IV q 6hrs</td>
<td>□ Gentamicin (see pharmacy to dose &amp; monitor)</td>
</tr>
<tr>
<td>□ Doripenem 500 mg IV q 8 hrs</td>
<td></td>
</tr>
<tr>
<td>□ Beta Lactam Allergy: Levofloxacin 750 mg IV q 24 hrs + Aztreonam 2 gm IV q 6 hrs</td>
<td></td>
</tr>
</tbody>
</table>

☐ MRSA Risk factor (select MRSA risk factors)
- □ HCAP patient
- □ Known colonization with MRSA
- □ Facility with increased MRSA rate
- □ Post Influenza
- □ Other ________________________

If at risk for MRSA, add the following
- □ Vancomycin 15 mg/kg IV q 12 hrs (pharmacy to dose)

☐ Aspiration pneumonia
- If Acquired in Outpatient:
  - □ Clindamycin 600 mg IV q 8 hrs
  - □ Ampicillin-sulbactam 3 gm IV q 6 hrs
- If Acquired Inpatient (transfers, etc):
  - □ Piperacillin-Tazobactam 4.5 gm IV q 6 hrs PLUS vancomycin (pharmacy to dose)
## Diagnoses present or not present on admission

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

**Other Orders:**

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

**Physician Signature:** ________________________________________________________________ **Date/Time** ________________
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 Pearls) 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_____________________

Memorial Hospital
Adult Pneumonia Admit Orders
HCAP, HAP, VAP and Aspiration
Form # 18-114.63 (01/11) Page 4 of 5
Prevention of Hospital Acquired Venous Thromboembolism

### Venous Thromboembolism Risk Factors

<table>
<thead>
<tr>
<th>Age &gt;50 year</th>
<th>Prior history of VTE</th>
<th>Acute or chronic lung disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myeloproliferative disorder</td>
<td>Impaired mobility</td>
<td>Obesity</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Inflammatory bowel disease</td>
<td>Known thrombophilic state</td>
</tr>
<tr>
<td>CHF</td>
<td>Active rheumatic disease</td>
<td>Varicose veins/chronic stasis</td>
</tr>
<tr>
<td>Active malignancy</td>
<td>Sickle cell disease</td>
<td>Recent post-partum/immobility</td>
</tr>
<tr>
<td>Hormonal replacement</td>
<td>Estrogen based contraceptives</td>
<td>Nephrotic syndrome</td>
</tr>
<tr>
<td>Moderate to Major surgery</td>
<td>Central venous catheter</td>
<td>Myocardial infarction</td>
</tr>
</tbody>
</table>

### Venous Thromboembolism (VTE) Risk in the Hospitalized Inpatient

<table>
<thead>
<tr>
<th>LOW</th>
<th>MODERATE</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory patient without additional VTE Risk Factors</td>
<td>All other patients (most patient)</td>
<td>Elective major lower extremity arthroplasty</td>
</tr>
<tr>
<td>Ambulatory patient with expected LOS &lt;=2 days, or same day/minor surgery</td>
<td>(not in LOW or HIGH category)</td>
<td>Hip, pelvic, or severe lower extremity fractures</td>
</tr>
<tr>
<td>Only a few patients!! Ambulation and Education</td>
<td>LMWH or UFH 5000 units q 8 hours</td>
<td>Acute spinal cord injury with paresis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Major multiple trauma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abdominal or pelvic surgery for cancer</td>
</tr>
</tbody>
</table>

#### 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

<table>
<thead>
<tr>
<th>☐ ABSOLUTE</th>
<th>☐ RELATIVE</th>
<th>☐ OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Hemorrhage</td>
<td>Intracranial hemorrhage within last year</td>
<td>Immune mediated HIT</td>
</tr>
<tr>
<td>Severe trauma to head or spinal cord with hemorrhage in the last 4 weeks</td>
<td>Craniotomy within 2 weeks</td>
<td>Epidural analgesia with spinal catheter (current or planned)</td>
</tr>
<tr>
<td>Other _________________</td>
<td>Intraocular surgery within 2 weeks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GI, GU hemorrhage within the last month</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thrombocytopenia (&lt;50K) or coagulopathy (PT &gt; 18 seconds)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>End stage liver disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Active intracranial lesions/neoplasms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hypertensive urgency/emergency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Postoperative bleeding concerns*</td>
<td></td>
</tr>
</tbody>
</table>

*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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Form # 18-114.63 (01/11)  Page 5 of 5