



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: \_\_\_\_\_



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**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**

A	B
<input type="checkbox"/> Cefepime 2 gm IV every 8 hours	<input type="checkbox"/> Levofloxacin 750 mg IV q 24hrs
<input type="checkbox"/> Piperacillin-Tazobactam 4.5 gm IV q 6hrs	<input type="checkbox"/> Gentamicin (see pharmacy to dose & monitor)
<input type="checkbox"/> Doripenem 500 mg IV q 8 hrs	
<input type="checkbox"/> <b>Beta Lactam Allergy:</b> Levofloxacin 750 mg IV q 24 hrs + Aztreonam 2 gm IV q 6 hrs	

- 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)



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**Diagnoses present or not present on admission**

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

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

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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 patient)  (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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