



Jordan Valley Medical Center and Pioneer Valley Hospital (A Campus of JVMC) Standard Orders Pneumonia

Admitting Physician: _____ Date: _____ Time: _____

Admit to Inpatient: Med/Surg Telemetry CCU

Place in Observation Services: Med/Surg Telemetry Other

Diagnosis: Community Acquired Pneumonia Aspiration Pneumonia Other: _____

Condition: Stable Guarded Critical Good Fair Poor

Consult: Pulmonary: _____

Other: _____

Allergies: _____

Code Status: Full DNR (see DNR orders)

Vital Signs: Per unit protocol Every shift Every _____ hours

Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges

Nursing: Intake & Output Nasotracheal suctioning PRN

Sequential Compression Device (SCD) Compression Stockings (TED hose)

Foley to drainage Glucose checks AC and at bedtime or every _____ hrs

Pulse oximeter Every shift Twice a day

Other: _____

Diet: Regular NPO 2 gm low sodium Clear liquid Full liquid Cardiac

Carbohydrate Controlled

Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr

Saline lock

Other: _____

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more than 90%.

Venti Mask _____ % FIO2 100% NRB

Other: _____

Protocols (if available): All protocol orders must be placed in chart

Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)

Labs: BMP CMP Urinalysis ABG every _____ hrs

BC x 2 (collect before first dose antibiotics) Contact Respiratory Therapy for sputum collection

Sputum gram stain, C&S Sputum fungus culture/smear Sputum for AFB smear/culture

CBC with differential () Now () In AM () Other _____

CBC without differential () Now () In AM () Other _____

Sputum stain for PCP Other Labs: _____

Studies: CXR: Portable PA/Lateral

EKG

Other: _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		



Account Number:

MR Number:

Patient Name:

Admit Date:

Jordan Valley
MEDICAL CENTER

3580 West 9000 South
West Jordan, UT 84088
(801) 561-8888

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
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Allergies:

Attending Physician Name:

Medications: (Check the appropriate box)

Antibiotics should be administered STAT or within 4 hours of hospital arrival.
 Pharmacy to adjust dose per renal function, pharmacokinetics, and antibiotics de-escalation policies.

Follow Medication Reconciliation Form

Uncomplicated Community Acquired Pneumonia: NKDA

- 1. Levofloxacin (Levaquin) 750 mg IV every 24 hrs
OR
- 2. Ceftriaxone (Rocephin) 1 gm IV every 24 hrs PLUS
Azithromycin (Zithromax) 500 mg IV every 24 hrs

If documented B-Lactam allergy:

- 3. Levofloxacin (Levaquin) 750 mg IV every 24 hrs

ICU Admission:

- 1. Levofloxacin (Levaquin) 750 mg IV every 24 hrs PLUS
Ceftriaxone (Rocephin) 1 gm IV every 24 hrs
OR
- 2. Ceftriaxone (Rocephin) 1 gm IV every 24 hrs PLUS
Azithromycin (Zithromax) 500 mg IV every 24 hrs

If aspiration suspected, add:

- 3. Clindamycin 900 mg IV every 8 hrs

Hospital Ventilator, Nursing Home Acquired, Immunocompromised or CAP with suspected Pseudomonas:

- 1. Maxapine (Cefpime) 1 gm every 12 hours PLUS Levaguin 750 mg IV PO every 24 hours (po every 24 hours (PO for non-ICU patients only)
OR
- Maxapine (Cefpime) 1 gm every 12 hours PLUS Azithromycin 500 mg IV x 1 then 250 mg IV PO every 24 hours (PO for non-ICU patients only)

For Penicillin Allergy

- 3. Levofloxacin 750 mg IV every 24 hrs PLUS
Aztreonam (Azactam) 1 gm IV 2 gm IV every 8 hours every 12 hours

If MRSA Suspected:

- 4. Add Vancomycin 1 gm IV every 12 hrs (dosing per pharmacy)
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hours (adjust for renal dosing if necessary)
- PPD
- Lorazepam (Ativan) 0.5 mg PO 1 mg PO PRN every 6 hrs as needed for anxiety
- Famotidine (Pepcid) 20mg IV twice daily PO twice daily
- Nicotine _____ mg topical patch apply daily
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to morphine or codeine)
- Temazepan (Restoril) 15 mg PO at bedtime PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN nausea/vomiting

If Ondansetron ineffective, the Prochlorperazine (Compazine) 5 mg IV every 6 hrs PRN

Standard Medications: (all orders below will be implemented unless crossed out)

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain (not to exceed 4 grams per 24 hours)
- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN temp more than 101F
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn



Vaccination: Check prior vaccination status & contraindications. If not current give:


- Pneumococcal Vaccination 0.5 ml IM if patient more than 65 years
- Influenza Vaccination 0.5 ml IM if patients more than 50 years (October through March)

Additional Meds:

- _____
- _____
- _____

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	Allergies:									
	Attending Physician Name:									