

## STANDING ADMISSION ORDERS PNEUMONIA ADMISSION ORDERS

**Admitting Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Admit to Inpatient:** [ ] Med/Surg [ ] Telemetry [ ] CCU

**Outpatient Observation Services:** [ ] Med/Surg [ ] Telemetry [ ] Other \_\_\_\_\_

**Diagnosis:** [ ] Community Acquired Pneumonia [ ] Aspiration Pneumonia [ ] Other: \_\_\_\_\_

**Condition:** [ ] Stable [ ] Guarded [ ] Critical [ ] Good [ ] Fair [ ] Poor

**Consult:**  
 [ ] Pulmonary: \_\_\_\_\_  
 [ ] Infectious Disease: \_\_\_\_\_  
 [ ] Other: \_\_\_\_\_

**Allergies:** [ ]

**Code Status:** [ ] Full [ ] DNR

**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 qHS 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 92%.  
 [ ] 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 [ ] UA [ ] CBC [ ] 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  
 [ ] 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: \_\_\_\_\_



2555 Jimmy Johnson Blvd. - Port Arthur - Texas 77640  
 (409) 724-7389

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
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.

**Uncomplicated Community Acquired Pneumonia: NKDA**

1. Levofloxacin (Levaquin) 750 mg IV every 24 hrs  
 OR  
 2. Ceftriaxone (Rocephin) 2 gm IV every 24 hrs (1 gm IV every 24 hrs if patient older than 65 yrs old) 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) 2 gm IV every 24 hrs (1 gm IV every 24 hrs if patient older than 65 yrs old) PLUS  
 Azithromycin (Zithromax) 500 mg IV every 24 hrs

If aspiration suspected, add:

3. Clindamycin 900 mg IV q 8 hrs

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

1. Piperacillin/Tazobactam (Zosyn)  3.375 gm  4.5 gm IV every 6 hrs PLUS  
 Tobramycin 5 mg/kg every 24 hrs (Pharmacy to adjust dose for target trough less than 1 microgram/ml)  
 OR  
 2. Cefepime  1 gm IV  2 gm IV every 12 hrs PLUS  
 Tobramycin 5 mg/kg every 24 hrs (Pharmacy to adjust dose for target trough less than 1 microgram/ml)  
 For Penicillin allergy:  
 3. Levofloxacin 750 mg IV every 24 hrs PLUS  
 Aztreonam (Azactam)  1 gm IV  2 gm IV  8 hrs  12 hrs  
 If MRSA suspected:  
 4. Add Vancomycin 1 gm IV every 12 hrs (Kinetics per pharmacy)

- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hours (renal dosing)  
 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  
 Vicoden ES 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)  
 Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.  
 Ondansetron (Zofran) 4 mg IV every 8 hrs PRN nausea/vomiting

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



- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or 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 for prior vaccination status. If none given, administer when patient afebrile and vital signs stable.**  
 Refer to Vaccination Protocol Form

**Additional Meds:**

- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 	Account Number:	MR Number:
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