



Standing Admission 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

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 [] Mechanical soft [] Restrict fluid _____ [] Sodium restricted _____ mg
 [] Cardiac/Heart Healthy [] Diabetic (specify) _____ calorie [] Renal/Kidney
 [] 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 [] Sputum stain for PCP
 [] CBC with differential () Now () In AM () Other _____
 [] CBC without differential () Now () In AM () Other _____
 [] 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:	

Salt Lake Regional MEDICAL CENTER 1050 East South Temple - Salt Lake City - Utah 84102 (801) 350-4111	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.

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) 2 gm IV every 24 hrs (1 gm IV every 24 hours if patient is older than 65 years old) 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. Piperacillin/Tazobactam (Zosyn) 3.375 gm 4.5 gm IV every 8 hrs
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 hours 12 hours

If MRSA Suspected:

- 4. Add Vancomycin 1 gm IV every 12 hrs

- Heparin 5000 units SQ q 8 hrs
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hours
- 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)
- Temazepam (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

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 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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