



PROTOCOL ACTIVATED BY MD SIGNATURE

\*\* = If the lower dose is initially administered, the dose may be repeated in 15 minutes for IV/ IM/ subcutaneous medications or 45 minutes for oral medications if the condition being treated persists, provided the maximum dose ordered by the physician is not exceeded.  
 \* = Standard order (any variance must be activated by checking the box, noting the new order and crossing through the standard order.)

|                                    |                                   |                                    |                                      |                              |
|------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|------------------------------|
| <b>ADMIT TO INPATIENT</b>          | <input type="checkbox"/> Med/Surg | <input type="checkbox"/> Telemetry | <input type="checkbox"/> ICU         | <b>Time of arrival in ED</b> |
| <b>PLACE IN OBSERVATION STATUS</b> | <input type="checkbox"/> Med/Surg | <input type="checkbox"/> Telemetry | <input type="checkbox"/> Other _____ |                              |
| <b>Admitting Doctor:</b>           | <b>Condition on admission:</b>    |                                    |                                      |                              |

Primary Dx: Pneumonia, (suspected type) \_\_\_\_\_ Allergies \_\_\_\_\_

\*Place on Pneumonia Target Track

**NOTIFY DOCTOR IF:** \*Temp greater than 101 degree F (38.3 degree C) \*O2 requirements greater than 4 LPM

**DIET** \*Regular

**ACTIVITY** \*Up ad lib  Bed Rest  Bathroom privileges

**IV** \*Saline lock  LR at 100ml/hr  at \_\_\_\_\_ ml/hr  Saline lock when tolerating PO

**LAB** On admission, if not done in Emergency Department:

\*CMP \*Blood Cultures x 2 \*Sputum sample for Gram Stain and C & S  
 CBC with differential ( ) Now ( ) In AM ( ) Other \_\_\_\_\_  CBC without differential ( ) Now ( ) In AM ( ) Other \_\_\_\_\_

**MEDICATIONS: Document diagnosis or indication for all medication prescribed**

**Antibiotics:** 1st Dose stat after blood cultures drawn, do not hold for sputum culture.  
 Pharmacy to adjust dose for renal failure or hepatic failure.

**Medical floor/IMC:**

Levaquin 750mg PO \_\_\_\_\_ or IV \_\_\_\_\_ every 24h (Penicillin Allergic, non-pregnant patients only)  
 Ceftriaxone 1gm IV every 24h PLUS Azithromycin 500mg IV \_\_\_\_\_ or PO \_\_\_\_\_ X 1 dose then 250mg PO every 24h

**ICU:**  Levaquin 750mg IV every 24h PLUS Ceftriaxone 1gm IV every 24h  
 Ceftriaxone 1gm IV every 24h PLUS Azithromycin 500mg IV X 1, then 250mg IV every 24h  
 Levaquin 750mg IV every 24h PLUS Aztreonam 1gm IV every 8h

**ICU (Pseudomonas Suspected):**

Levaquin 750mg IV every 24h PLUS Aztreonam 1gm IV every 8h PLUS Gentamicin \_\_\_\_\_ mg IV every \_\_\_\_ h  
 Maxipime 1gm IV every 12h PLUS Gentamicin \_\_\_\_\_ mg IV every \_\_\_\_\_ h PLUS Azithromycin 500 mg IV X 1 then 250 mg IV every 24h  
 Maxipime (cefepime) 1gm IV every 12h PLUS Levaquin 750mg IV every 24h

**Additional Medications:** (Additional routine and PRN medications: order on MD order form)

Acetaminophen 650 mg PO or PR every 4h PRN temp greater than 101 degree or pain (Do Not Exceed 4 gms in 24 hours)  
 Promethazine 12.5 to 25 mg IV every 6h PRN nausea\*\*  
 Guaifenesin with Codeine Syrup 5 - 10 ml PO 4h PRN cough\*\*

**IMMUNIZATIONS** Patient must sign consent form for each vaccine administered. Give if patient qualifies

Please give Pneumonia and flu vaccine if indicated

**RADIOLOGY** \*CXR on admit (if not done in ED)

**CARDIOPULMONARY**

\*Check O2 saturation-administer O2 per cannula to keep stats above 92% at rest (Notify MD if patient requires greater than 4L/min)  EKG  
 \*Incentive Spirometry four times a day while awake  ABG's on admission  
 \*O2 sat check on room air prior to discharge  \_\_\_\_\_  
 Albuterol nebulizer 0.5ml in 3ml of NS every \_\_\_\_\_ hr and every \_\_\_\_\_ hr PRN

**TREATMENTS** \*VS every 4 - 8 hr \*Turn, Cough, Deep Breath every 2h \*I&O

**EDUCATION:** \*If patient is an active smoker, patient educational brochure on smoking cessation given

**ED PHYSICIAN SIGNATURE:**

**Date/Time:**

**VERIFIED BY:**

**ATTENDING PHYSICIAN SIGNATURE:**

**Date/Time:**

**Date/Time:**



|                 |            |
|-----------------|------------|
| Account Number: | MR Number: |
| Patient Name:   |            |
| Admit Date:     |            |

|  |                           |     |     |    |    |       |    |     |    |
|--|---------------------------|-----|-----|----|----|-------|----|-----|----|
| <p style="text-align: center;"><b>Davis Hospital</b><br/>AND MEDICAL CENTER<br/>1600 West Antelope Drive - Layton, UT 84041<br/>(801) 807-1000</p> | DOB                       | Age | Sex | HT | WT | RM-BD | PT | SVC | FC |
|  | Allergies:                |     |     |    |    |       |    |     |    |
|  | Attending Physician Name: |     |     |    |    |       |    |     |    |