

## STANDING ADMISSION ORDERS PNEUMONIA ADMISSION ORDERS

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

Admit to Inpatient:  Med/Surg  Telemetry  CCU

Place in Observation Services:

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 only

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: \_\_\_\_\_

Labs:  BMP  CMP  Urinalysis  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:  CXray:  Portable  PA/Lateral

EKG

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

PHYSICIAN SIGNATURE OR AUTHENTICATION

DATE / TIME



Account Number:

MR Number:

Patient Name:

Admit Date:



DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	F
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Allergies: \_\_\_\_\_

Attending Physician Name: \_\_\_\_\_

**STANDING ADMISSION ORDERS PNEUMONIA ADMISSION ORDERS**

**Medications: (Check the appropriate box)**

- Antibiotics should be administered STAT or within 4 hours of hospital arrival.

**Follow Medication Reconciliation Form**

**Community Acquired Pneumonia, non-ICU patient: NKDA**

- 1. Ceftriaxone (Rocephin) 1 gm IV every 24 hrs **PLUS**  
Azithromycin (Zithromax) 500 mg IV every 24 hrs

OR

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

**If documented B-Lactam allergy:**

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

**ICU Admission:**

- 1. Ceftriaxone (Rocephin) 1 gm IV every 24 hrs **PLUS**  
Azithromycin (Zithromax) 500 mg IV every 24 hrs

OR

- 2. Ceftriaxone (Rocephin) 1 gm IV every 24 hrs **PLUS**  
Levofloxacin (Levaquin) 750 mg IV every 24 hrs

**If documented B-Lactam allergy:**

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

**if Aspiration Suspected, use**

- 4. Metronidazole (Flagyl) 500 mg  PO every 6 hrs  IV every 6 hrs

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

- 1. Cefepime  1 gm IV  2 gm IV every 12 hrs **PLUS**  
Levofloxacin 750 mg IV every 24 hrs

**If Aspiration Suspected, add:**

- 2. Piperacillin / Tazobacatam (Zosyn)  3.375 gm IV  4.5 gm IV every 6 hrs **PLUS**  
Levofloxacin 750 mg IV every 24 hrs

**If documented B-Lactam allergy:**

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

Tobramycin IV dosing and adjustment per pharmacy for peak between 8-10 ( Not required for patients with renal insufficiency)

**If MRSA Highly Suspected**

- 1. Add Vancomycin IV dosing per pharmacy for target trough between 15-20

**If Resistant Pseudomonas Suspected:**

- 1. Add Tobramycin IV dosing per pharmacy for peak between 8-10

**Anticoagulant Thromboprophylaxis**

- Heparin 5,000 units subcutaneous every 8 hours
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hours

- PPD
- Lorazepam (Ativan)  0.5mg PO  1 mg PO every 6 hrs as needed for anxiety
- Famotidine (Pepcid) 20 mg  PO twice daily  IV twice daily (unable to tolerate PO)
- 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

**If Ondansetron ineffective, then Prochlorperazine (Compazine) 5mg IV every 6hrs PRN nausea/vomiting**

**Nebulization:**

- Albuterol 2.5 mg every six hours and every 4 hours as needed for shortness of breath
- Ipratropium 500 mcg every six hours (generally for COPD patients)

**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 every 6 hours PRN constipation
- Maalox 30 ml PO every 6 hours PRN heartburn

**Vaccination: Initiate the inpatient Pneumococcal / Influenza order form**

**Additional Meds:**

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

PHYSICIAN SIGNATURE OR AUTHENTICATION

DATE / TIME



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



DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FO
Allergies:								
Attending Physician Name:								