

**Department of Medicine**  
**PHYSICIAN'S ORDER SHEET**  
**COMMUNITY ACQUIRED PNEUMONIA (CAP)**  
**Adult Inpatient Initial Therapy and Admission Orders**

Addressograph

Any order preceded by a box must be checked to enable the order. All other orders will be automatically implemented.

**Use this standard order form for empiric therapy for patients with Community Acquired Pneumonia admitted to non critical care inpatient units. This form should not be used for patients with the following:**

- Neutropenia
- Suspected or documented aspiration pneumonia
- Immunosuppression/HIV
- Healthcare associated pneumonia
- Suspected pseudomonas pneumonia
- Hematologic malignancy

Questions about specific antibiotic recommendations or classification/diagnosis of community acquired pneumonia should be directed to Infectious Disease, beeper #: 2674.

1. Admit to: \_\_\_\_\_ Service: \_\_\_\_\_ Team \_\_\_\_\_  
 Attending: \_\_\_\_\_ Beeper #: \_\_\_\_\_  
 Resident: \_\_\_\_\_ Beeper #: \_\_\_\_\_  
 Intern: \_\_\_\_\_ Beeper #: \_\_\_\_\_

Admitted to the Night Float Service, in the morning the patient will be cared for by:

Attending: \_\_\_\_\_ Beeper #: \_\_\_\_\_  
 Resident: \_\_\_\_\_ Beeper #: \_\_\_\_\_  
 Intern: \_\_\_\_\_ Beeper #: \_\_\_\_\_

2. Diagnosis: **Community Acquired Pneumonia**  
 Secondary Diagnosis: \_\_\_\_\_

3. Condition:  Satisfactory  Fair/Good

4. Admission Status:  Outpatient observation status  Inpatient

5. Allergies & Reactions: \_\_\_\_\_  No known allergies

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6. Vital Signs:  Every 4 hours including pulse oximetry  Every shift including pulse oximetry  
 Other: \_\_\_\_\_

7. Weight Assessment/Intake:  Admission weight  Weigh daily  I/O every shift  
 I/O every shift x 48 hours then stop

8. Diet Order:  Regular  NPO  Ice chips/sips  Clear liquids  
 Other: \_\_\_\_\_

9. Activity Level:  Ad Lib  Out of bed to chair  Ambulate \_\_\_\_\_ times a day  Bed rest  
 Bed rest with bathroom privileges  Other: \_\_\_\_\_

10. Oxygen Level:  Room air  Nasal cannula – titrate to sp O<sub>2</sub> greater than \_\_\_\_\_  
 Other: \_\_\_\_\_

11. IV Fluid Therapy:  IVF type \_\_\_\_\_ additive \_\_\_\_\_ Rate \_\_\_\_\_ mL/hour  
 Peripheral catheter, flush per routine Stop after \_\_\_\_\_ mL or \_\_\_\_\_ hours  
 Other: \_\_\_\_\_

12. Call House Officer:  Pulse less than \_\_\_\_\_ greater than \_\_\_\_\_  Respiratory rate less than \_\_\_\_\_ greater than \_\_\_\_\_  
 Systolic BP less than \_\_\_\_\_ greater than \_\_\_\_\_  Diastolic BP less than \_\_\_\_\_ greater than \_\_\_\_\_  
 Temperature less than \_\_\_\_\_ greater than \_\_\_\_\_  Pulse Ox less than 92% or increasing oxygen requirement

A generic equivalent may be administered when a drug has been prescribed by brand name unless the order states to the contrary.

**Original: To the medical record**

**Yellow Copy: Pharmacy**

Approved by: P&T: 7-26-2004 (P-222)

Medical Records: \_\_\_\_\_

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National guidelines recommend the following tests:

13. Diagnostic Tests:  Chest X-ray (PA and Lateral)  Portable CXR (if patient unable to stand)  
 (if not previously performed)  Blood cultures x 2  
 Expecterated sputum gram stain and culture (Goal: within 4 hrs; obtain result promptly, at least before second antibiotic dose, to determine spectrum of coverage needed.)  
     • Check results of sputum gram stain prior to second dose of antibiotics (if previously obtained)  
 CBC with differential  Now  In AM  
 Electrolytes, BUN/Cr  Now  In AM  
 LFTs  Now  In AM  
 Urinary Legionella antigen for patients with enigmatic pneumonia, ICU patients, and patients with failure to respond to a Beta-lactam  
 Other: \_\_\_\_\_

14. Empiric Antibiotic Therapy: **Goal: First dose of antibiotics in less than 4 hours** (associated with decreased length of stay and decreased mortality)

**Hospitalized Patients, Non-ICU** (The antibiotics listed below do NOT require ID approval when used with this form) **Date & Time**

Azithromycin 500 mg PO once daily. \_\_\_\_\_  
 - AND -  
 Ceftriaxone 1 gram IV every 24 hours \* First Doses Now or  next doses at \_\_\_\_\_

- OR -

Azithromycin 500 mg IV every 24 hours \_\_\_\_\_  
 - AND -  
 Ceftriaxone 1 gram IV every 24 hours \* First Doses Now or  next dose at \_\_\_\_\_

**If Cephalosporin allergy or anaphylaxis to Penicillin:**

- Moxifloxacin 400 mg PO once daily \* First Doses Now or  next dose at \_\_\_\_\_  
 -OR-  
 Moxifloxacin 400 mg IV every 24 hours \* First Doses Now or  next dose at \_\_\_\_\_

15. Other Medications:  Albuterol 2.5mg nebulizer treatments every 4 hours PRN wheezing or acute bronchospasm.  
 Nicotine replacement 14 mg transdermal patch apply daily (less than 10 cigarettes/day)  
 Nicotine replacement 21 mg transdermal patch apply daily (greater than 10 cigarettes/day)

**Additional medications on separate order form**

16. Smoking Assessment:  Patient is a non-smoker  Patient is a smoker (current or quit within 1 year)  
 Smoker cessation advice given to patient  
 Smoking cessation counseling referral

17. Vaccination : Per DHMC policy/protocol, all inpatients will be assessed and, if appropriate, offered and administered the influenza and pneumococcal vaccine prior to discharge. (See separate assessment/order sheet for protocol.)  
 • Current influenza vaccination Date: \_\_\_\_\_  
 • Current pneumococcal vaccination Date: \_\_\_\_\_

Signature: \_\_\_\_\_ MD/ARNP/PA Date & Time: \_\_\_\_\_

PRINT Name: \_\_\_\_\_ Pager/Phone#: \_\_\_\_\_

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