

DARTMOUTH-HITCHCOCK MEDICAL CENTER
Department of Medicine
PHYSICIAN'S ORDER SHEET
COMMUNITY ACQUIRED PNEUMONIA (CAP)
Emergency Department/Ambulatory Clinic Initial Therapy
for Adults

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
- Sepsis

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

1. Inpatient Attending: _____ Beeper #: _____
 Inpatient Resident: _____ Beeper #: _____

The above physicians have been called and are aware of this patient.

2. Allergies & Reactions: _____ No known allergies

3. Oxygen Therapy: Room Air Nasal cannula – titrate to spO2 greater than _____ Other

4. IV Fluid Therapy: IVF type _____ Additive _____ Rate _____ ml/hour
 Other: _____
 Stop after _____ ml or _____ hours

National guidelines recommend the following tests:

- | | <u>Date/Time Done</u> | <u>Initials</u> |
|--|-----------------------|-----------------|
| 5. Diagnostic Tests: <input type="checkbox"/> Chest X-ray: PA and Lateral | _____ | _____ |
| <input type="checkbox"/> Portable CXR if patient not able to stand | _____ | _____ |
| <input type="checkbox"/> Blood cultures x 2 – before antibiotic administration (if appropriate) | _____ | _____ |
| <input checked="" type="checkbox"/> 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.) | _____ | _____ |
| <input type="checkbox"/> CBC with differential | _____ | _____ |
| <input type="checkbox"/> Electrolytes, BUN/Creatinine, LFTs | _____ | _____ |
| <input type="checkbox"/> Other: _____ | _____ | _____ |

6. Empiric Antibiotic **Goal: First dose of antibiotics in less than 4 hours**
 Therapy: Hospitalized Patients, Non-ICU (The antibiotics listed below do NOT require ID approval when used with this form)

| | <u>Date/Time Given</u> | <u>Signature</u> |
|--|------------------------|------------------|
| <input type="checkbox"/> Azithromycin 500 mg PO every 24 hours *First Dose Now - AND - <input type="checkbox"/> Ceftriaxone 1 gram IV every 24 hours *First Dose Now | _____ | _____ |
| -OR- | | |
| <input type="checkbox"/> Azithromycin 500 mg IV every 24 hours *First Dose Now - AND - <input type="checkbox"/> Ceftriaxone 1 gram IV every 24 hours *First Dose Now | _____ | _____ |

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

Figure 1.
Identification of patient risk class I⁵: Community-acquired pneumonia

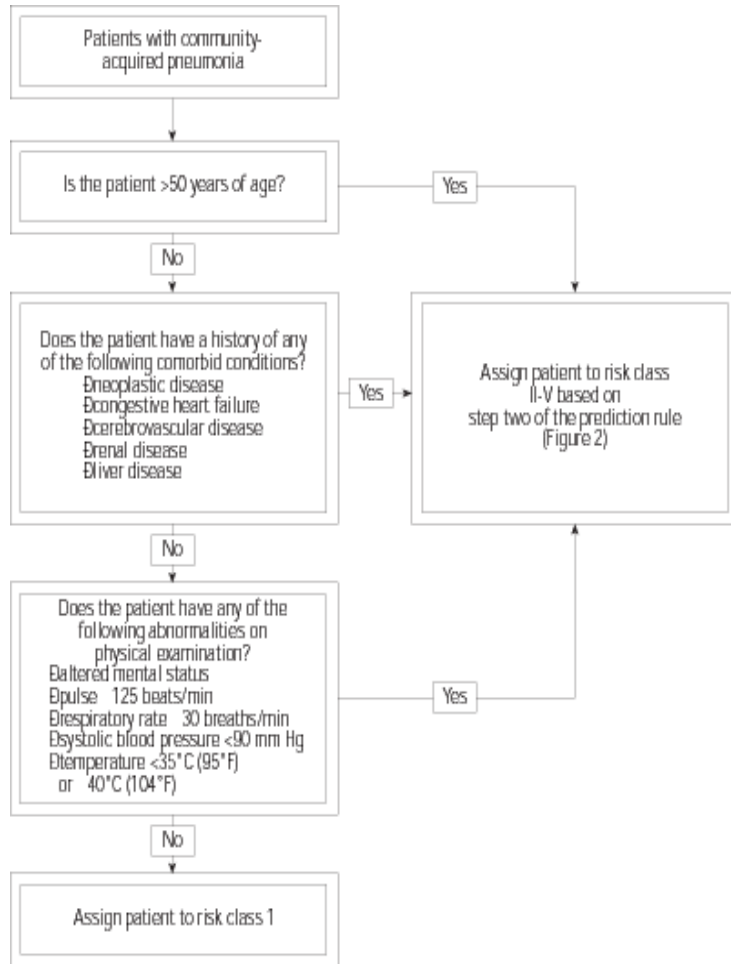


Figure 2.
Prediction rule scoring system⁵: Community-acquired pneumonia.

If a patient is younger than 51 years and has no coexisting illnesses or no abnormal physical examination findings, then risk class=I. OTHERWISE, circle the following characteristics and add up the score to determine the risk class.

| Patient characteristics | Points |
|--|----------------------|
| Age | |
| Men | Age (years) |
| Women | Age (years-10) |
| Nursing home resident | +10 |
| Coexisting illnesses | |
| Neoplastic disease | +30 |
| Liver disease | +20 |
| Congestive heart failure | +10 |
| Cerebrovascular disease | +10 |
| Renal disease | +10 |
| Physical examination findings | |
| Altered mental status | +20 |
| Respiratory rate 30 breaths/min | +20 |
| Systolic blood pressure <90 mm Hg | +20 |
| Temperature <35°C (95°F) or 40°C (104°F) | +15 |
| Pulse 125 beats/min | +10 |
| Laboratory and radiographic findings (if study performed) | |
| Arterial pH <7.35 | +30 |
| Blood urea nitrogen 30 mg/dL | +20 |
| Sodium <130 mmol/L | +20 |
| Glucose >250 mg/dL | +10 |
| Hematocrit <30% | +10 |
| Partial pressure of arterial O ₂ <60 mm Hg or O ₂ Sat <90% | +10 |
| Bilateral pleural effusions | +10 |
| Total points = Age + sex correction + sum of above circled points | <input type="text"/> |

PSI SEVERITY INDEX WITH POINT TOTAL AND SUGGESTED THERAPY

| Class | Points | Mortality | Suggested Therapy |
|-----------|----------|-----------|--|
| Class I* | <51 | 0.1% | Oral antibiotics at home |
| Class II | (51-70) | 0.6% | Oral antibiotics at home if vomiting/unreliable, then short stay |
| Class III | (71-90) | 0.9% | Oral antibiotics at home if vomiting/unreliable, then short stay |
| Class IV | (91-130) | 9.5% | Inpatient stay + M antibiotics |
| Class V | >130 | 26.7% | Inpatient stay (ICU?) + IV antibiotics |

*Younger than 51 years of age and no coexisting illnesses or abnormal physical examination findings.

American College of Emergency Physicians. Clinical policy for the management and risk stratification of community-acquired pneumonia in adults in the emergency department. *Ann Emerg Med.* July 2001;38:107-113.

Fine MJ, Auble TE, Yealy DM, et al. A prediction rule to identify low-risk patients with community-acquired pneumonia. *N Engl J Med* 1997;336(4): 243-50.