

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

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 O₂ 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
 Expectorated 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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