

# PNEUMONIA ORDER SET

The average length of stay for a patient without comorbid condition is 2.89 days



## 1. ADMISSION

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

Admit Type:  Inpatient Status  Observation Status **Condition:**  Stable  Fair  Serious  Critical

Location:  ICU  HCU  PCU  Regular Floor (MSCU, OCU, SVCU)  Telemetry Monitoring

## 2. DIAGNOSIS

Refer to ED Record

**Bacterial Pneumonia:** \_\_\_\_\_

(Identify causative/suspected organism or suspected gram positive and gram-negative bacterial pneumonia)

(Also identify type e.g. aspiration and location)

**Viral Pneumonia:** \_\_\_\_\_ (Identify causative/suspected organism - adenovirus, respiratory syncytial virus, parainfluenza virus, SARS-associated corona virus)

**Respiratory Failure** - As documented by any two of the following:

Drop in PaO2 10mm HG or greater from baseline  PCO2 greater than 50

PaO2 less than 60

Respiratory rate greater than 30

**Sepsis** - As documented by any two of the following:

Temp > 100.4 or <96.8  HR greater than 90/min  RR > 20  WBC > 12,000 or <4,000

## 3. DOCUMENTED RISK:

Risk of Cardiovascular Compromise  Risk of Respiratory Compromise

Risk of Intracranial Pressure  Risk of Severe Infection or Sepsis, Requires IV Antibiotics

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

## 4. CODE STATUS:

Full  DNR Comfort Care  DNR Comfort Care-Arrest  Palliative Care  Other: \_\_\_\_\_

DISCUSSED WITH:  Patient and/or  Family

## 5. CO-MORBID CONDITIONS: (Check all that apply) Refer to ED Record

DM

Type: \_\_\_\_\_

Chronic Kidney Disease

Stage: \_\_\_\_\_

End Stage Renal Disease

Pulmonary Fibrosis

Obstructive Sleep Apnea

CHF

Systolic

Diastolic

Systolic and Diastolic

Chronic  Acute

Acute on Chronic

End Stage Liver Disease

Type: \_\_\_\_\_

Acute Exacerbation

CAD

Native

CABG

Immunocompromised

COPD

Type: \_\_\_\_\_

Acute Exacerbation

Chronic Steroids

Protein Calorie Malnutrition

Mild  Moderate

Severe  Unknown

Other please specify: \_\_\_\_\_

BMI: \_\_\_\_\_

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

Specify: \_\_\_\_\_

Pressure Ulcer(s)

Location: \_\_\_\_\_

Stage: \_\_\_\_\_

Old Chart to Floor

Skin Ulcer(s)

Specify Type: \_\_\_\_\_

Site: \_\_\_\_\_

## 6. ALLERGIES: NKDA \_\_\_\_\_

## 7. CONSULTATIONS: (Check all that apply)

Consult Dr. \_\_\_\_\_ for \_\_\_\_\_

Consult Dr. \_\_\_\_\_ for \_\_\_\_\_

Consult Social Services for discharge planning

Consult Respiratory Therapy for evaluation and treatment per Respiratory Therapy Protocols (Not utilized in ICU or HCU)

Consult Physical Therapy, evaluation & treatment

Consult Occupational Therapy, evaluation & treatment

Consult Speech therapy for swallowing evaluation, begin diet per recommendations-barium swallow if necessary

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

Physician:

SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

Revised, Reviewed & Approved, Dr. Saab 9/23/11

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Very Good things are happening here

Southern Ohio Medical Center

South campus  
1248 Kinneys Lane  
Portsmouth, Ohio 45662

Main campus  
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DOB: \_\_\_\_\_

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PNEUMONIA ORDER SET (cont.)



8. ASSESSMENTS / INTERVENTIONS / MONITORING: (Check all that apply)

- Vital Signs per unit protocol
Accurate Intake and Output
Oxygen at 2 liters/minute per NC
Continuous Pulse Oximetry
Have patient turn, cough and deep breath every 2 hours while awake
Complete Pneumococcal and Influenza Assessment and administer vaccine if indicated
Obtain home medication list and place on chart
Smoking Cessation Counseling (History of cigarette/tobacco use within 12 months)
Implement Nicotine Replacement Orders
Glucometer checks before meals and at bedtime per SOMC Sliding Scale Protocol
Glucometer checks every 6 hours per SOMC Sliding Scale Protocol
Glucometer checks every \_\_\_\_\_ hr(s)
Other Vital Signs: \_\_\_\_\_
Foley Catheter to gravity drainage
Titrate O2 to maintain O2 saturation > 92% or > \_\_\_\_\_ %
Daily Weight

9. DIET:

- NPO
No added salt
ADA \_\_\_\_\_ Calorie
Other: \_\_\_\_\_

10. ACTIVITY:

- Up ad lib
Bed rest
Bed rest with bathroom privileges
Encourage activity as tolerated with assistance
Other: \_\_\_\_\_

11. LABS: (To be completed on admission if not done in ED) (Check all that apply)

- CBC
Procalcitonin Level
BUN/Creatinine X1, if not already ordered
Lab Cultures X2 -draw before antibiotics given
Other Lab test: \_\_\_\_\_
Urine Legionella
Sputum Legionella
Sputum gram stain with culture and sensitivity
Urine Streptococcus Pneumoniae Antigen

12. DIAGNOSTICS: Complete on admission if not done in ED (Check all that apply)

- Chest X-Ray -PA and Lateral Reason: \_\_\_\_\_
Other: \_\_\_\_\_ Reason: \_\_\_\_\_

13. IV FLUIDS:

- Fluid Type: \_\_\_\_\_ Rate: \_\_\_\_\_ ml/hr
0.45% Normal Saline at KVO
Saline Lock

14. MEDICATIONS: (Check all that apply)

- Acetaminophen 650mg orally every 4 hours as needed for temperature > 101 F
Dexamethasone 5mg orally daily for 5 days
Duoneb every 6 hours while awake and every 2 hours prn for wheezing

15. VTE Prophylaxis for Medical Patients:

- Enoxaparin 40mg Sub-Q Daily
Bilateral lower extremity sequential compression devices (SCDs)
Heparin 5,000n Units Sub-Q every 8 hours
TED Hose to bilateral lower extremities
Coumadin \_\_\_\_\_ mg orally daily
Pharmacy to dose

Physician:

Signature box with fields for SIGN, DATE, and TIME.

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## 16. IV ANTIBIOTICS:

**GIVE INITIAL DOES OF IV ANTIBIOTICS STAT (MUST BE WITHIN 6 HOURS OF HOSPITAL ARRIVAL) IF MULTIPLE AGENTS, GIVE INITIAL DOSE OF ALL OTHER ANTIBIOTICS WITHIN 24 HOURS OF HOSPITAL ARRIVAL**

RPh to adjust dose based on renal function. If patient has multiple allergies or other reasons to vary from these guidelines, contact Pharmacy for additional options according to Medicare guidelines.

### NON-ICU PATIENT - select one from A. and B. or Levaquin monotherapy

A. <input type="checkbox"/> Rocephin 1gm IV q24 or <input type="checkbox"/> Invanz 1gm IV q24	AND	B. <input type="checkbox"/> Doxycycline 100mg IV q12h or <input type="checkbox"/> Zithromax 500mg IV q24h
OR		
<input type="checkbox"/> Levaquin 750mg IV q24h (Mono-therapy)		

**Risk of Pseudomonas- Must be documented by Physician/NP/PA:**

- Bronchiectasis documented as a possible consideration
- Documented pseudomonal risk (indwelling plastic; intubation, Foley catheter, PICC line, etc.)
- **Structural Lung Disease** - Chronic Bronchitis, COPD, Emphysema, Interstitial Lung Disease, Pulmonary Fibrosis, Restrictive Lung Disease **AND** a documented history of repeated antibiotics or chronic system corticosteroid use

### PSEUDOMONAS RISK - Select one from A. and B. (ICU Patients and Non-ICU Patients with Pseudomonal Risk)

A. <input type="checkbox"/> Merrem 1gm IV q8h OR <input type="checkbox"/> Zosyn 4.5gm IV q8h	AND	B. <input type="checkbox"/> Levaquin 750mg IV q24h
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OR

<input type="checkbox"/> Merrem 1gm IV q8h + Tobramycin IV per pharmacy OR <input type="checkbox"/> Zosyn 4.5gm IV q8h + Tobramycin IV per pharmacy	AND	<input type="checkbox"/> Zithromax 500mg IV q24h  OR <input type="checkbox"/> Levaquin 750mg IV q24h
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### Non-ICU Pseudomonal Risk with Beta Lactam Allergy - Select one for A. and B.

A. <input type="checkbox"/> Azactam 1gm IV q8h	AND	B. <input type="checkbox"/> Levaquin 750mg IV q24h + Tobramycin IV per Pharmacy or <input type="checkbox"/> Levaquin 750mg IV q24h
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If Nursing Home patient or risk of MRSA consider in addition to above

- Vancomycin IV per pharmacy
- Substitute Zyvox IV for Vancomycin allergy per pharmacy

### Pseudomonal Risk with Renal Insufficiency use:

Azactam 1gm IV q8h + Levaquin 750mg IV q24h

### Sepsis with Pseudomonal Risk

Zosyn 4.5gm IV q8h + Levaquin 750mg IV q24h + Tobramycin IV per pharmacy

### Suspected Aspiration: Add

Unasyn 3gm IV q6h                      or                       Cleocin 600mg IV q8h

<b>Physician:</b>	SIGN:	DATE:	TIME:
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Risk for Healthcare Associated Pneumonia (HCAP), Hospital Acquired Pneumonia (HAP) or Ventilator Associated Peumonia (VAP):

**Definition:** Documentation that the patient had risk for healthcare associated pneumonia prior to admission for this hospital episode as determined by the presence of at least one of the following:

- 1) Acute care hospitalization within the last 90 days
- 2) Residence in a nursing home or extended care facility for any amount of time within the last 90 days
- 3) Chronic dialysis within the last 30 days prior to this hospitalization
- 4) Wound care, tracheostomy care or ventilator care provided by a health care professional within the last 30 days.

If risk for HCAP, HAP or VAP, add Vancomycin IV per pharmacy.

Substitute Zyvox IV per pharmacy for Vancomycin allergy.

17. OTHER ORDERS:

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Physician:

SIGN:	DATE:	TIME:
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