

- Directions:**
1. Mark through any item you do not wish to order
 2. Indicate choice when options are available by placing a check (✓) in the parenthesis

PNEUMONIA – EMERGENCY DEPARTMENT ORDERS	
1. ATTENDING PHYSICIAN: _____	
2. () OBSERVATION preferably on: _____	() Med/Surg () 5N Telemetry () 5N Step-Down
3. () ADMISSION for Inpatient Critical Care preferably on () ICU () CCU () SICU	
4. ALLERGIES: _____	() No known allergies
4. OXYGENATION: O ₂ saturation (on room air if possible): _____	
5. LABS: Blood cultures x 2 (Separate sites – Before Antibiotic) Time collected: #1 _____ #2 _____	
CBC with diff, CMP (Complete Metabolic Panel), Sputum C & S and Gram's stain (if patient able to produce)	
6. DIAGNOSTICS: Chest x-ray (PA and Lateral if possible) Reason: Pneumonia	See Page 2 for Inpatient Antibiotics
7. Saline Lock	
8. ANTIBIOTICS: Avoid Delay. Administer after blood cultures.	
For Most Patients use Quinolone monotherapy:	
() Levofloxacin (Levaquin) 750 mg IV now	Time given: _____
*Alternative Combination Therapy: Macrolide and Beta-lactam	
() Azithromycin (Zithromax) 500 mg IV	Time given: _____
AND Ceftriaxone (Rocephin) one gram IV now	Time given: _____
For ICU Patients give two antibiotics:	
() Levofloxacin (Levaquin) 750 mg IV (if Quinolone allergic, see *Alternative)	Time given: _____
AND Ceftriaxone (Rocephin) one gram IV now Or	Time given: _____
*For ICU patients with PCN allergy give:	
() Levofloxacin (Levaquin) 750 mg IV	Time given: _____
AND Clindamycin (Cleocin) 900mg IV now	Time given: _____
For Pseudomonas Risk or bronchiectasis document reason: _____ and give:	
() Levofloxacin (Levaquin) 750 mg IV	Time given: _____
AND Piperacillin/Tazobactam (Zosyn) 4.5 gm IV now	Time given: _____
() Verbal Order Verification	
Physician's Signature: _____	Date/Time: _____
ED Nurse: _____	Date/Time: _____
PNEUMONIA – ADMISSION ORDERS: Complete orders 1-6 if not done in ED, in addition to the following:	
(Inpatient maintenance antibiotics are listed on page 2. Note times above for ordering next doses)	
9. VITAL SIGNS every 2 hours until stable, then routine for unit OR () Vital signs every _____ hours	
10. ACTIVITY: Up in chair and ambulate in hall three times per day OR () Restrict activity to: _____	
11. DIET: Regular OR () Other _____ Encourage oral fluids	
12. () I.V. FLUIDS _____ at _____ ml per hour. Convert to saline lock when taking oral fluids well	
Discontinue saline lock when taking fluids and medications orally and patient not on telemetry	
13. DIAGNOSTIC STUDIES – Reason: Pneumonia	
() CXR, PA and Lateral: "Pneumonia" (if not done in ED)	
() CBC with Diff every two days on Lovenox or Heparin. Notify physician if platelet count is less than 100,000	
14. OXYGEN saturation by pulse oximeter spot check if not done in ED (on room air if possible)	
Continuous pulse oximetry if respiratory rate is greater than 32 per minute	
A. If O ₂ sat less than 95% on room air, consult Respiratory Care for the following: (Caution with COPD patient)	
• Place on appropriate O ₂ device and increase by 1 liter per minute or 5% increments until O ₂ sat is 95%	
• Wean O ₂ as tolerated 8 hours after patient's O ₂ sat reaches 95%	
B. If O ₂ sat is greater than 95% on room air, Respiratory Care to recheck O ₂ sat prn for change in status	
() Verbal Order Verification *Orders Incomplete unless Page 2 of 2 completed and signed	

Physician's Signature: _____

Date/Time: _____

Patient Identification

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PNEUMONIA ORDERS CONTINUED		Page 2 of 2
15.	PATIENT EDUCATION: Cough and deep breathe using incentive spirometer every 4 hours while awake Provide and document Smoking Cessation Counseling for any patient who has smoked within 12 mos.	
16.	CARDIAC: EKG and Telemetry if any of the following present: <ul style="list-style-type: none"> ● History of Coronary Artery Disease or Arrhythmias ● O₂ sat below 90% ● Age over 50 and heart rate over 100 ● Age under 50 and heart rate over 120 	
17.	PNEUMOCOCCAL-INFLUENZA VACCINE RISK ASSESSMENT AND VACCINE ADMINISTRATION	
18.	ANTIBIOTICS: Avoid delay. Note time if given in ED for scheduling of next dose (see page one) Convert to oral antibiotics when patient stable and able to take oral medications For Most Patients use Quinolone monotherapy: <input type="checkbox"/> Levofloxacin (Levaquin) 750 mg IV daily Or <input type="checkbox"/> Levofloxacin (Levaquin) 750mg orally daily *Alternative Combination Therapy: Macrolide and Beta-lactam <input type="checkbox"/> Azithromycin (Zithromax) 500 mg IV daily Or <input type="checkbox"/> Azithromycin (Zithromax) 500mg orally daily AND Ceftriaxone (Rocephin) one gram IV daily For ICU Patients give two antibiotics: <input type="checkbox"/> Levofloxacin (Levaquin) 750 mg IV daily (if Quinolone allergic, consider *Alternative) AND Ceftriaxone (Rocephin) one gram IV daily *For ICU patients with PCN allergy give: <input type="checkbox"/> Levofloxacin (Levaquin) 750 mg IV daily (if also Quinolone allergic, consider *Alternative) AND Clindamycin (Cleocin) 900mg IV every 12 hours For Pseudomonas Risk document reason: _____ and give: <input type="checkbox"/> Levofloxacin (Levaquin) 750 mg IV daily AND Piperacillin/Tazobactam (Zosyn) 4.5 mg IV every 6 hours DVT PROPHYLAXIS (unless contraindicated): If the patient's estimated GFR is less than 30ml per minute, Heparin is a safer alternative. <input type="checkbox"/> Lovenox (Enoxaparin) 40mg subcutaneously daily <input type="checkbox"/> Heparin 5000 units subcutaneously every <input type="checkbox"/> 8 hours, or every <input type="checkbox"/> 12 hours <input type="checkbox"/> Fondaparinux (Arixtra) 2.5mg subcutaneously daily <input type="checkbox"/> Sequential Calf Compression Device (SCD) or <input type="checkbox"/> Foot Pump <input type="checkbox"/> Reason DVT Prophylaxis not given: _____	
19.	PRN MEDICATIONS: <input type="checkbox"/> Acetaminophen (Tylenol) 325mg tablets, two orally every 4hrs PRN mild pain or temperature greater than 100F Maximum dose : 12 tablets or 4grams per day from any source <input type="checkbox"/> Docusate Calcium (Surfak) 240mg orally at bedtime PRN constipation <input type="checkbox"/> Mylanta 30ml or Amphojel 10ml (for dialysis patients) orally every 4 hours PRN indigestion	Review Contraindications/Precautions before ordering anticoagulants : <ul style="list-style-type: none"> ● Active bleeding ● Hypersensitivity to Heparin, LMWH, or pork products ● Uncontrolled hypertension: SBP over 180 or DBP over 105 ● Heparin-induced thrombocytopenia ● Recent intraocular, intracranial, spinal, or major surgery ● Spinal tap or epidural anesthesia within 12 hrs ● Hemorrhagic CVA/intracranial bleed within past 3 months ● Platelet count under 100,000 ● Estimated GFR under 30ml per minute ● Abnormal PT/PTT
SEE ADDITIONAL WRITTEN ORDERS BELOW:		

Verbal Order Verification

Physician's Signature: _____

Date/Time: _____

Patient Identification