

**CULLMAN REGIONAL PHYSICIAN ORDERS**

**Adult Pneumonia Admission Order Set**

<b>Date:</b>	<input type="checkbox"/> Place in Observation Services: Pneumonia confirmed on xray, (need one to meet) Sat 91% on room air___, BUN >19.6___, RR 30/min sustained___, age 65 or older___.
<b>Time:</b>	<input type="checkbox"/> Admit Inpatient: Pneumonia confirmed by xray (need one more to meet) Sat < 89%___, lung abscess or empyema___, new onset confusion___, BUN >19___, RR >30 sustained___, age > 65___, failed outpatient treatment___, NIPPV or vent___.
<b>Circle admit Status...</b>	Admit to: _____ Floor _____ CCU • Notify Respiratory Therapy of admit on arrival to floor via Vocera • Spoke to: _____ Admit to: Dr. _____ and pull standing orders Consult: _____
<b>Diagnostic Procedures/Lab</b>  <b>ALL ORDERS TO BE DONE STAT</b>	<input type="checkbox"/> Portable CXR (only if unable to go to imaging) <input type="checkbox"/> CXR 2 views • Blood cultures x 2 from different sites, (prior to beginning antibiotic therapy) Cultures are mandatory for healthcare associated pneumonia, nosocomial infection, or severe CAP <input type="checkbox"/> Comprehensive Metabolic Profile <input type="checkbox"/> Albumin Level <input type="checkbox"/> CBC no Diff <input type="checkbox"/> CBC with auto Diff <input type="checkbox"/> CBC with manual Diff • Urine antigens for Pneumococcus and Legionella – required if admit to CCU, alcoholism, or pleural effusion. • Sputum for gram stain and C&S per Respiratory Therapy (on all pneumonia admissions). <b>DC order if unable to obtain after 48 hours.</b> • Obtain COVID swab STAT if not done in ED <input type="checkbox"/> ABG (if O2 Sat < 92% on room air) • Room air Sat prior to placement of oxygen and document
<b>Treatments &amp; Interventions</b>	• Oximetry/O2 Protocol per Respiratory Therapy <input type="checkbox"/> Chest physiotherapy _____ (Frequency) <input type="checkbox"/> NIV per Protocol • Room air Sat on admission/do not remove if > 40% O2      • Begin Incentive Spirometry Protocol, notify Respiratory Therapy • Vital signs every 4 hours (while awake)      • I&O every 8 hours      • Turn, cough, deep breath every 2 hrs x 48 hrs (while awake)
<b>Medications &amp; IV Fluids</b>  <b>ALL ANTIBIOTICS TO BE STARTED STAT</b> <b>If patient in ER, meds to be started in ER</b>	• <b>Prior to starting any antibiotics below, check to see if first dose administered in ER</b> <u><b>Community Acquired:</b></u> <input type="checkbox"/> Ceftriaxone 1 gm IV every 24 hours + Azithromycin 500 mg IV every 24 hours <input type="checkbox"/> Levofloxacin 750 mg IV every 24 hours (For Non-ICU) <u><b>Severe Community Acquired requiring CCU Admission:</b></u> (Consider if RR > 30, BUN > 20, WBC < 4, confusion, hypoxemia, temperature < 96.8F, platelets < 100 thousand, or hypotension) <input type="checkbox"/> Ceftriaxone 2 gm IV every 24 hours + Azithromycin 500 mg IV every 24 hours In addition to the above if <u><b>MRSA Risk:</b></u> <input type="checkbox"/> Vancomycin 15mg/Kg x 1 then Pharmacy to Dose <u>or</u> <input type="checkbox"/> Linezolid 600 mg IV every 12 hours (Reserve for patient who has Vancomycin allergy or weighs > 130 kg or renal failure?) <input type="checkbox"/> Initiate Sepsis Standing Orders <u><b>Hospital Acquired/Ventilator Associated/Aspiration:</b></u> <b>Pick one from each category:</b> <input type="checkbox"/> Zosyn* 4.5 gm IV load over 30 minutes, then q 8 hr over 4 hr + Levofloxacin 750 mg IV q 24 hr + Vancomycin 15mg/kg x 1 then Pharmacy to dose *For severe penicillin allergy, use Cefepime 2 gm IV q 8 hr <input type="checkbox"/> Other: _____ • DVT Prophylaxis per order set Steroids: <input type="checkbox"/> Methylprednisolone _____ mg IV q 8 hours <input type="checkbox"/> Prednisone _____ mg Po q day <input type="checkbox"/> Adult Bronchodilator Assessment and Care Plan IV Fluids: <input type="checkbox"/> NS @ <input type="checkbox"/> 75 <input type="checkbox"/> 100 <input type="checkbox"/> 125 ml/hr <input type="checkbox"/> _____ @ _____ ml/hr <input type="checkbox"/> Saline Lock
<b>Nutrition/Diet</b>	• Diet _____ <input type="checkbox"/> Strongly encourage fluids <b>UNLESS CONTRAINDICATED</b>
<b>Activity</b>	<input type="checkbox"/> Up ad lib <input type="checkbox"/> Bedrest <input type="checkbox"/> Up for meals      • HOB elevated 30 degrees
<b>Physician's Signature:</b> _____ <b>Date/Time:</b> _____ <b>Nurse's Signature:</b> _____ <b>Date/Time:</b> _____ <b>Unit Secretary Signature:</b> _____ <b>Date/Time:</b> _____	

**Cullman Regional**

**Please use Ball Point Pen ONLY**

**Physician's Orders**

**DO NOT USE:**

**U IU QD QOD MS**

**MSO4 MgSO4**