ITEMS WITH BOXES/PARENTHASES **MUST BE CHECKED** TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) **must be initialed** by the ordering MD for the order to be valid.

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)

_____

ADMITTING PHYSICIAN

ADMIT TO

- ☐ **TELEMETRY**
- ☐ **ICU**
- ☐ **STEP DOWN**
- ☐ **MED/SURG**
- ☐ **SURGICAL**

DIAGNOSIS

_____

_____

CONDITION

- ☐ Stable
- ☐ Guarded
- ☐ Critical

ALLERGIES

- ☐ No Known Drug Allergies
- ☐ _____

ACTIVITY

- ☐ Bed rest
- ☐ Up ad Lib
- ☐ Up to chair
- ☐ Ambulate with assist only
- ☐ Ambulate as tolerated
- ☐ HOB 45 degrees
- ☐ OTHER: _____

PATIENT CARE

- ☐ Vital signs q4Hrs
- ☐ Supplemental O2 to keep SaO2 ≥ _____%
- ☐ Strict I/O
- ☐ Foley Catheter
- ☐ Accuchecks ACHS
- ☐ Accuchecks q___H
- ☐ Other_____

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

PROPHYLAXIS

- ☐ Heparin 5000 units **SQ** q8H
- ☐ Lovenox 40mg **SQ** q24H
- ☐ Protonix 40mg **IV** q24H
- ☐ Protonix 40mg **PO** q24H
- ☐ Omeprazole 20 mg **PO/NGT/OGT** q24H

ANTIBIOTIC SELECTION

- ☐ **Pharmacy may renally dose antibiotic per patient renal function**

Community Acquired Pneumonia (Non-ICU admission)

- ☐ Levaquin 750mg **IV** q24H

OR

- ☐ Ceftriaxone 1g **IV** q24H **PLUS** Azithromycin 500mg **IV** daily
- ☐ Ceftriaxone 1g **IV** q12H **PLUS** Azithromycin 500mg **IV** daily

Community Acquired Pneumonia (ICU admission)

- ☐ Ceftriaxone 1g **IV** q24H **PLUS** Azithromycin 500mg **IV** q24H
- ☐ Ceftriaxone 1g **IV** q12H **PLUS** Azithromycin 500mg **IV** q24H

OR

- ☐ Levaquin 750mg **IV** q24H **PLUS** Ceftriaxone 1g **IV** q24H

Community Acquired Pneumonia (Penicillin Allergy)

- ☐ Levaquin 750mg **IV** q24H **PLUS** Aztreonam 2g **IV** q8H

Health-Care Associated Pneumonia
If MRSA/Pseudomonas is a concern:

● Intravenous therapy, wound care, or intravenous chemotherapy within 30 days

● Residence in a nursing home or other long-term care facility

● Hospitalization in an acute care hospital for two or more days within 90 days

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:

U	MS
IU	MSO_4
Q.D.	$MgSO_4$
Q.O.D.	Trailing zero
Lack of leading zero	

Physician's Initial

PATIENT ID LABEL

Adult Pneumonia Admission Order Set

Revised 4/16 Approved SCC: 3/17/16 MEC: 3/21/16
P&T: 3/17/16 MED: 3/17/16 HIMC:4/15/16 Form# CPOE-026

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PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)

DIET

- ☐ NPO
- ☐ Sodium Controlled (Cardiac)
- ☐ ADA 1800 kcal/day
- ☐ ADA 2000 kcal/day
- ☐ Renal Diet
- ☐ Neutropenic Diet

PROPHYLAXIS

- ☐ Bilateral Lower Extremity SCDs
- ☐ Bilateral Lower Extremity TED HOSE

LABS (if not already collected by ER)

- ☐ Sputum Cultures
- ☐ Blood Cultures x2 (2 different sites, 30min apart)
- ☐ UA/Urine cultures
- ☐ Chem 7
- ☐ CBC w/ differential
- ☐ Magnesium
- ☐ Calcium
- ☐ Phosphorous
- ☐ Liver Function Tests
- ☐ PT/PTT/INR
- ☐ ABG
- ☐ _____
- ☐ _____

IMAGING (if not already done in ER)

- ☐ CXR PA/Lateral
- ☐ CXR Portable (AP)
- ☐ CT chest without contrast
- ☐ CT chest with contrast
- ☐ Other: _____

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

IVF and MEDICATION ORDERS ONLY

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

(Cont. Health-Care Associated Pneumonia)

●Attendance at a hospital or hemodialysis clinic within 30 days

For MRSA coverage

- ☐ Vancomycin 1g **IV** q12H trough 30 minutes before 4th dose, target trough 15-20 mcg/mL
- ☐ Vancomycin pharmacy to dose
- ☐ Other _____

For Pseudomonas aeruginosa coverage

- ☐ Zosyn 4.5g **IV** q6H **PLUS** Levaquin 750mg IV q24H
  OR
- ☐ Zosyn 4.5g **IV** q6H **PLUS** Azithromycin 500mg **IV** q24H **PLUS** Aminoglycoside_____ **IV** q ____H
  OR
- ☐ Zosyn 4.5g **IV** q6H **PLUS** Levaquin 750mg **IV** q24H **PLUS** Aminoglycoside_____ **IV** q ____H
- ☐ Other _____
  _____
  _____

Physician:_____

Date:_____ **Time:**_____

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