

**ADULT PNEUMONIA
PHYSICIAN'S ORDERS**

Make Selections Where Indicated. Draw A Line Through Orders That Should Not Be Implemented.

Diagnosis PNEUMONIA PNEUMONIA WITH COMPLICATIONS
 Admit to: Inpatient Observation
 MD: Admitting: _____ Attending: _____ PCP: _____

Diet Orders: General NPO Other _____

Chest X-ray (PA and Lateral), if none in previous 24 hrs

Laboratory Orders:

- Blood cultures x 2 [CBLD] (Same site, 2 sites) prior to antibiotics
- CMP [CMPAC]
- BMP [BMPAC]
- CBC [CBCP2]
- ABG's (required if room air O2 sat. is less than 89%)
- Sputum Gram stain [included in CLRSP]
- Sputum culture [CLRSP]
- Other _____

Pharmacy Orders: Start Antibiotic Therapy NOW

- a) Community Acquired Pneumonia:
 - Levofloxacin 500mg IV every 24 hrs.
 - Azithromycin 500mg IV every 24hrs plus Cefotaxime 1 gm IV every 8 hrs.
 - Other: _____
- b) Suspected pseudomonas
 - Piperacillin/Tazobactam 3.375gm. IV every 6 hrs. plus Levofloxacin 500mg IV every 24 hrs
 - Aztreonam 2gm IV every 8 hrs plus Levofloxacin 500mg IV every 24 hrs (alternative for beta lactam allergic patients)
- c) Smoking Cessation Meds
 - Nicotine patch ___ mg applied topically. Change daily.
- d) IV Fluids _____ @ _____ ml/hr
- e) Immunizations (Give immunizations on day of discharge if ordered)
 - Pneumococcal vaccine 0.5ml IM or subcutaneous Deltoid (Recommended if patient afebrile, last immunization more than 5 years prior, Pt. greater than 65, or never received). Last date given _____

_____ Physician Signature	_____ Date	_____ Time
Effective Date: May 10, 2004 (addressograph)	Distribution: Nursing	

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Influenza Vaccine* 0.5ml IM Deltoid Last date given _____
* Influenza Vaccine therapy is indicated from October through February – Orders outside this date range will require clarification if not clarified on this form by the physician.

Immunization referral to MD office for administration at follow-up visit.

Nursing/Care Orders:

Vital signs every _____

Notify MD if:

Temp greater than 101

Respiratory Rate greater than _____

Heart Rate less than 50 bpm. or greater than 120 bpm

Other _____

I&O every _____

Foley to gravity

Daily weight or weigh _____

Respiratory Therapy

Inhaled Medication Protocol

Other Medications: _____

Oxygen/Oximeter Protocol

Activity Orders:

Bed rest

BR with Commode

Up ad lib in room

Up ad lib

Pneumonia Education prior to discharge

Referral to Smoking Cessation Class

Dr. _____ will assume pt care once admitted. Call him/her for further orders, clarification of orders or changes in patient condition.

_____ Physician Signature	_____ Date	_____ Time
Effective Date: May 10, 2004 (addressograph)	Distribution: Nursing	

Adult Pneumonia Orders

Page 2 of 2

Order Sets: OE: RX: JPNEUM01

hqi pneumonia - adult pneumonia.doc8/24/2004
ACU PSO Renew: Medical – April, 2005) HQI

PNEUMOCOCCAL AND INFLUENZA VACCINE ADMINISTRATION ORDERS

Make Selections Where Indicated. Draw A Line Through Orders That Should Not Be Implemented.

1. The following will be used when a physician orders Pneumococcal and /or Influenza vaccine to be administered on the day of discharge. (Note: Influenza Vaccine is usually only available October 1st through January 31st.)
2. Screen patient using the Exclusion Criteria listed below. If patient meets any of the Exclusion Criteria, Do Not Vaccinate. The RN assessing exclusion criteria signs and dates in designated space.
3. On day of discharge, check the appropriate boxes below and send copy of order to pharmacy. Administer vaccine as outlined below and affix medication label sent with vaccine in designated space. Documentation to include lot number, manufacturer, site administered, date/time and signature of RN/RPh.
4. Place the completed form in the Physician Order section of the patient's chart. If the patient received the vaccine(s) give a copy of the completed form to the patient for their records.

EXCLUSION CRITERIA:

DO NOT vaccinate a patient who meets any of the exclusion criteria. Check all exclusion criteria that apply, to document why the vaccine(s) was not administered.

<p>PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PPV) Do not vaccinate patients who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not want to be immunized during their hospitalization <input type="checkbox"/> Are less than 2 years of age <input type="checkbox"/> Are ages 2 to 65 years of age and are <u>not</u> considered "high risk" (due to chronic illnesses such as CHF, diabetes, COPD, Liver failure or long term care patient) <input type="checkbox"/> Are "high risk" but had PPV less than 5 years ago. <input type="checkbox"/> Are 65 years of age or older but have been vaccinated since they turned 65 years of age <input type="checkbox"/> Have been admitted from a long term care facility with documented vaccination <input type="checkbox"/> Have had a previous allergic and/or neurological reaction to Pneumococcal polysaccharide vaccine <input type="checkbox"/> Have a temperature of 100.4°/38° or greater <p>RN signature _____</p>	<p>INFLUENZA VACCINE Do not vaccinate patients who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not want to be immunized during their hospitalization <input type="checkbox"/> Are less than 6 months of age <input type="checkbox"/> Are 6 months to 50 years of age and <u>not</u> considered "high risk" (due to chronic illness such as CHF, diabetes, COPD, liver failure or long term care resident) <input type="checkbox"/> Have been immunized this season <input type="checkbox"/> Have been admitted from a long term care facility with documented vaccination in the last 6 months <input type="checkbox"/> Are allergic to eggs or egg products <input type="checkbox"/> Have previous history of Guillain-Barre' Syndrome <input type="checkbox"/> Are discharged outside of date range (Oct – Feb) <input type="checkbox"/> Have a temperature of 100.4°/38° or greater <p>Date _____</p>
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Vaccine Orders:

Pneumococcal vaccine 0.5ml IM or subq Deltoid.

Influenza vaccine 0.5ml IM Deltoid (October through February)

Place vaccine label here

Place vaccine label here

<p>_____ Physician Signature</p>	<p>_____ Date</p>	<p>_____ Time</p>
<p>Effective Date: 7/2004 (addressograph)</p>	<p>Distribution: Nursing</p>	
<p>PNEUMOCOCCAL AND INFLUENZA VACCINE ADMINISTRATION ORDERS</p> <p>Order Sets: OE: RX: JPNEUM02</p> <p style="font-size: small;">ACU PSO 8/24/2004 Renew: (4/2005)</p>		