

**ADULT COMMUNITY-ACQUIRED PNEUMONIA (CAP)  
DOCTOR'S ADMISSION ORDERS**

1. DATE AND TIME ORDERS
2. CHECK ALL APPROPRIATE ORDERS

<b>DATE:</b>	<b>TIME:</b>	
ADMIT TO	<input type="checkbox"/> MICU <input type="checkbox"/> Step-down ____ <input type="checkbox"/> General Med ____   SERVICE:	
DIAGNOSIS	Community-Acquired Pneumonia	
CONDITION	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Guarded	
TEAM	Attending: _____ Pager: _____ Intern: _____ Pager: _____ Resident: _____ Pager: _____	
VITAL SIGNS	<input type="checkbox"/> Per Unit Routine <input type="checkbox"/> Other: _____ <input type="checkbox"/> Call HO for a SBP > 150 SBP < 80 mmHg, HR > 100, HR < 50 RR > 24 or RR < 8.	
ALLERGIES	<input type="checkbox"/> NKDA <input type="checkbox"/> Allergy: _____	
ACTIVITY	<input type="checkbox"/> Bed rest <input type="checkbox"/> Out of bed with assistance <input type="checkbox"/> Physical Therapy Consultation	<input type="checkbox"/> Bed rest with commode privileges <input type="checkbox"/> Ambulation
DIET	<input type="checkbox"/> Regular <input type="checkbox"/> 2 gram Na <input type="checkbox"/> Carbohydrate controlled <input type="checkbox"/> Mechanical Soft	<input type="checkbox"/> NPO <input type="checkbox"/> Clear Liquid _____ cc PO fluid restriction <input type="checkbox"/> Other: _____
IV'S	<input type="checkbox"/> Saline lock with 3mL normal saline flush every shift <input type="checkbox"/> Other: _____	
I/O	<input type="checkbox"/> Strict recording of Intake and Output <input type="checkbox"/> Daily weights	
FOLEY	<input type="checkbox"/> If patient is unable to void, place Foley catheter.	
MONITORING	<input type="checkbox"/> Cardiac monitoring <input type="checkbox"/> Pulse oximetry <input type="checkbox"/> continuous <input type="checkbox"/> every _____ <input type="checkbox"/> Aspiration precautions	
RESPIRATORY	PLEASE COMPLETE RESPIRATORY THERAPY FORM	
LABORATORY/ DIAGNOSTIC TESTS	<b>Now, if not already done in the Emergency Department or clinic:</b> <input type="checkbox"/> CBC, Plt c DIFF <input type="checkbox"/> Previously Done <input type="checkbox"/> Blood Cultures X 2 sets before antibiotic administration <input type="checkbox"/> Previously Done <input type="checkbox"/> Chest X-ray (PA and lateral) PLEASE COMPLETE REQUISITION <input type="checkbox"/> Previously Done	
	<b>OTHER:</b> Electrolytes, BUN, Creatinine, Glucose <input type="checkbox"/> Mg <input type="checkbox"/> Ca <input type="checkbox"/> PHOS <input type="checkbox"/> Uric Acid Liver Function tests (if indicated): <input type="checkbox"/> AST <input type="checkbox"/> ALT <input type="checkbox"/> Alk Phos <input type="checkbox"/> BILI, T _____	

MD Signature: \_\_\_\_\_ Pager: \_\_\_\_\_

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LABORATORY/ DIAGNOSTIC TESTS (cont.)	<input type="checkbox"/> Arterial Blood Gas <input type="checkbox"/> Urinalysis, Urine Culture & Sensitivity <input type="checkbox"/> Sputum for Gram's stain and Culture and Sensitivity <input type="checkbox"/> EKG-PLEASE COMPLETE REQUISITION <input type="checkbox"/> Others: _____ <b>In AM:</b> <input type="checkbox"/> Electrolytes, BUN, Creatinine <input type="checkbox"/> Glucose <input type="checkbox"/> Mg <input type="checkbox"/> Ca <input type="checkbox"/> PHOS <input type="checkbox"/> Uric Acid <input type="checkbox"/> CBC, Plt c DIFF <input type="checkbox"/> PT/INR <input type="checkbox"/> PTT Other: _____
PATIENT EDUCATION	Smoking Cessation Counseling and Education Materials for current smoker or former smoker, quit less than one year
MEDICATIONS	<p><b>SUGGESTED ANTIBIOTICS (First dose STAT within 4 hrs of arrival):</b>  <b>Weight: _____ kg, Serum Creatinine: _____ mg/dL*</b></p> <p><b>NON-ICU PATIENTS:</b></p> <ol style="list-style-type: none"> <li>1. Standard empiric therapy:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Cefotaxime 1 Gm IVPB STAT then Q8H thereafter* AND Azithromycin 500 mg IVPB STAT then Q24H thereafter</li> </ul> </li> <li>2. Alternative empiric therapy due to one or more of the following (check appropriate rationale):                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Failed outpatient therapy: List antibiotics failed _____</li> <li><input type="checkbox"/> Suspected resistant organisms (e.g., resistant <i>S. pneumoniae</i>)</li> <li><input type="checkbox"/> Documented beta-lactam allergy</li> <li><input type="checkbox"/> Other rationale: _____</li> </ul> </li> </ol> <p>THEN</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Levofloxacin 750 mg-_____ Q24H x 5 days (give first dose now)* (IVPB/PO)</li> </ul> <p><b>ICU PATIENTS:</b></p> <ol style="list-style-type: none"> <li>1. Standard empiric therapy:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Cefotaxime 1 Gm IVPB STAT then Q8H thereafter* AND Azithromycin 500 mg IVPB STAT then Q24H thereafter</li> </ul> </li> <li>2. Beta-lactam allergy:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Levofloxacin 750 mg-IVPB Q24H x 5 days* (give first dose now) AND Clindamycin 600 mg-IVPB STAT then Q8H thereafter</li> </ul> </li> <li>3. If suspect MRSA, ADD:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Vancomycin 10mg/kg/dose:_____ IVPB STAT then Q12H thereafter* (dose)</li> </ul> </li> </ol> <p><b>PATIENTS AT RISK FOR PSEUDOMONAS (structural lung disease [bronchiectasis], corticosteroid therapy greater than 10mg per day, malnutrition, nursing home resident):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ceftazidime 1 Gm IVPB STAT then Q8H thereafter* AND Azithromycin 500 mg IVPB STAT then Q24H AND Gentamicin 5 mg/kg/dose:_____ IVPB STAT then Q24H* (dose) (check <u>extended</u> interval gentamicin level ~8hrs after first dose)</li> </ul> <p><b>*Dosing assumes normal renal function; refer to the Adult Anti-Infective Dosing Guide for patients with renal dysfunction</b></p>

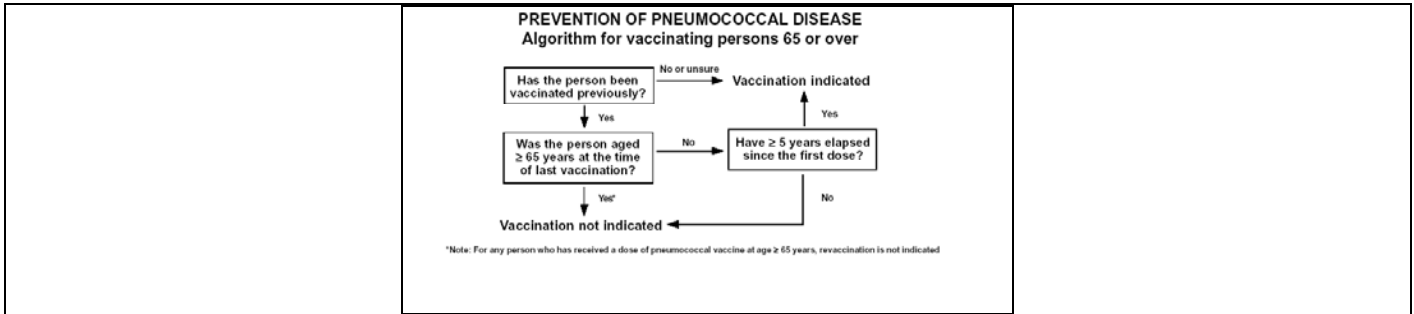
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<b>MEDICATIONS (cont.)</b>	<b>OTHER MEDICATIONS:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____  <b>PRN MEDICATIONS:</b> <input type="checkbox"/> Acetaminophen 650 mg PO Q 4H prn pain, HA or fever T > 38.5°C <input type="checkbox"/> Lorazepam (Ativan) _____ mg PO Q8H prn for anxiety. <input type="checkbox"/> Maalox Double Strength 15 mL PO Q 6H prn dyspepsia or GI upset. <input type="checkbox"/> Temazepam 15 mg PO Q hs prn insomnia. May repeat x 1 prn. <input type="checkbox"/> _____
<b>VACCINATIONS:</b>  <b>PNEUMOCOCCAL CONTRAINDICATIONS</b> Previous SEVERE reaction to vaccine.  <b>INFLUENZA CONTRAINDICATIONS</b> Allergy to eggs; previous SEVERE reaction to vaccine, history of Guillain-Barre syndrome	<b>PNEUMOCOCCAL VACCINE (Adult):</b> <input type="checkbox"/> INDICATED: Administer 0.5 mL IM x 1 dose <u>on day of admission</u> (Request vaccine from pharmacy) <input type="checkbox"/> Not indicated (previously vaccinated, date: _____, or list other reason: _____) <input type="checkbox"/> Patient refuses  <b>INFLUENZA VACCINE (OCTOBER THRU FEBRUARY):</b> <input type="checkbox"/> INDICATED : Administer 0.5 mL IM x 1 dose <u>on day of admission</u> (Request vaccine from pharmacy) <input type="checkbox"/> Not indicated (previously vaccinated, date: _____, or list other reason: _____) <input type="checkbox"/> Patient refuses



MD Signature: \_\_\_\_\_ Pager: \_\_\_\_\_

RN Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_