

STANDING ADMISSION ORDERS PNEUMONIA

Admitting Physician: _____ **Date:** _____ **Time:** _____
Admit to Inpatient: ☐ 3 West ☐ 4th floor Telemetry ☐ CCU ☐ 5th floor
Place in Observation Services: ☐ 3 West ☐ 4th floor Telemetry ☐ 5th floor ☐ Other _____
Diagnosis: ☐ Community Acquired Pneumonia ☐ Aspiration Pneumonia ☐ Other: _____
Condition: ☐ Stable ☐ Guarded ☐ Critical ☐ Good ☐ Fair ☐ Poor
Consult: ☐ Pulmonary: _____
☐ Infectious Disease: _____
☐ Other: _____
Allergies: ☐

Code Status: ☐ Full ☐ DNR
Vital Signs: ☐ Per unit protocol ☐ Every shift ☐ Every _____ hours ☐ Telemetry/cardiac monitoring
☐ Other: _____

Activity: ☐ Bed rest ☐ Up in chair ☐ Bedside commode ☐ Ambulate ad lib ☐ Bathroom privileges

Nursing: ☐ Intake & Output ☐ Nasotracheal suctioning PRN
☐ Sequential Compression Device (SCD) ☐ Compression Stockings (TED hose)
☐ Foley to drainage ☐ Glucose checks AC and qHS or every _____ hrs
☐ Pulse oximeter ☐ Every shift ☐ Twice a day
☐ Other: _____

Diet: ☐ Regular ☐ NPO ☐ 2 gm low sodium
☐ Clear liquid ☐ Full liquid ☐ Cardiac
☐ _____ cal ADA diet
☐ Other: _____

Fluids: ☐ Intravenous: _____ @ _____ ml/hr
☐ Saline lock
☐ Other: _____

Oxygen: ☐ Nasal Cannula _____ L/min, adjust to keep O2 sat more than 92%.
☐ Venti Mask _____ % FIO2 ☐ 100% NRB
☐ Other: _____

Protocols (if available): All protocol orders must be placed in chart
☐ Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)

Labs: ☐ BMP ☐ CMP ☐ UA ☐ CBC ☐ ABG every _____ hrs
☐ BC x 2 (collect before first dose antibiotics)
☐ Contact Respiratory Therapy for sputum collection
☐ Sputum gram stain, C&S ☐ Sputum fungus culture/smear
☐ Sputum for AFB smear/culture ☐ Sputum stain for PCP
☐ CBC with differential () Now () In AM () Other _____
☐ CBC without differential () Now () In AM () Other _____
☐ Other Labs: _____

Studies: ☐ Chest Xray: ☐ Portable ☐ PA/Lateral
☐ EKG
☐ Other: _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 ORMC Odessa Regional Medical Center	Account Number: _____		MR Number: _____						
	Patient Name: _____								
	Admit Date: _____								
520 East 6th Street Odessa, Texas 79761 (432) 582-8000	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
Allergies: _____									
Attending Physician Name: _____									



Medications: (Check the appropriate box)

- Antibiotics should be administered STAT or within 4 hours of hospital arrival.
- Pharmacy to adjust dose per renal function, pharmacokinetics, and antibiotics de-escalation policies.

Uncomplicated Community Acquired Pneumonia: NKDA

- ☐ ☐ 1. Levofloxacin (Levaquin) 750 mg IV every 24 hrs
OR
☐ ☐ 2. Ceftriaxone (Rocephin) 2 gm IV every 24 hrs (1 gm IV every 24 hrs if patient older than 65 yrs old) PLUS
Azithromycin (Zithromax) 500 mg IV every 24 hrs

If documented B-Lactam allergy:

- ☐ ☐ 3. Levofloxacin (Levaquin) 750 mg IV every 24 hrs

ICU Admission:

- ☐ ☐ 1. Levofloxacin (Levaquin) 750 mg IV every 24 hrs PLUS
Ceftriaxone (Rocephin) 1 gm IV every 24 hrs
OR
☐ ☐ 2. Ceftriaxone (Rocephin) 2 gm IV every 24 hrs (1 gm IV every 24 hrs if patient older than 65 yrs old) PLUS
Azithromycin (Zithromax) 500 mg IV every 24 hrs

If aspiration suspected, add:

- ☐ ☐ 3. Clindamycin 900 mg IV q 8 hrs

Hospital Ventilator, Nursing Home Acquired, Immunocompromised or CAP with suspected Pseudomonas:

- ☐ ☐ 1. Piperacillin/Tazobactam (Zosyn) ☐ ☐ 3.375 gm ☐ ☐ 4.5 gm IV every 6 hrs PLUS
Tobramycin 5 mg/kg every 24 hrs (Pharmacy to adjust dose for target trough less than 1 microgram/ml)
OR

- ☐ ☐ 2. Cefepime ☐ ☐ 1 gm IV ☐ ☐ 2 gm IV every 12 hrs PLUS
Tobramycin 5 mg/kg every 24 hrs (Pharmacy to adjust dose for target trough less than 1 microgram/ml)
For Penicillin allergy:

- ☐ ☐ 3. Levofloxacin 750 mg IV every 24 hrs PLUS
Aztreonam (Azactam) ☐ ☐ 1 gm IV ☐ ☐ 2 gm IV ☐ ☐ 8 hrs ☐ ☐ 12 hrs
If MRSA suspected:

- ☐ ☐ 4. Add Vancomycin 1 gm IV every 12 hrs (Kinetics per pharmacy)

- ☐ ☐ Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hours (renal dosing)

- ☐ ☐ PPD

- ☐ ☐ Lorazepam (Ativan) ☐ ☐ 0.5 mg PO ☐ ☐ 1 mg PO PRN every 6 hrs as needed for anxiety

- ☐ ☐ Famotidine (Pepcid) 20mg ☐ ☐ IV twice daily ☐ ☐ PO twice daily

- ☐ ☐ Nicotine _____ mg topical patch apply daily

- ☐ ☐ Percocet 5/325 mg PO every 4 hrs PRN for moderate pain

- ☐ ☐ Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to morphine or codeine)

- ☐ ☐ Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.

- ☐ ☐ Ondansetron (Zofran) 4 mg IV every 8 hrs PRN nausea/vomiting

Standard Medications: (all orders below will be implemented unless crossed out)

Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F

Docusate sodium (Colace) 100 mg PO qHS

MOM 30 ml PO PRN constipation

Maalox 30 ml PO PRN heartburn

Vaccination: Check for prior vaccination status. If none given, administer when patient afebrile and vital signs stable.

Refer to Vaccination Protocol Form

Additional Meds:

- ☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

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	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
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Odessa Regional
Medical Center

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