

(place patient label here)

Patient Name: _____



Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

Pneumonia

Version 9 Approved 7/24/19

This order set must be used with an admission order set if patient not already admitted
For patient with diagnosed pneumonia that are **not septic and not an ICU transfer**

Nursing Orders

- Verify that blood cultures have been obtained before starting antibiotics

Respiratory

Oxygen administration

- Nasal Cannula at ___ Lpm and titrate as needed to maintain Oxygen saturation greater than 93%
- RN/RT discretion; titrate as needed to maintain Oxygen saturation greater than 93%
- Other: _____ at _____ Lpm
- Pulse oximetry: if patient on Oxygen at day 3, obtain a rest and exercise O2 saturation
- Oxygen via heated high-flow nasal cannula _____ Lpm

Medications

Antibacterial Agents

Consider treatment for a minimum of 5 days and IV to PO switch when the patient has been afebrile for 48 to 72 hours with no more than 1 sign of clinical instability; consider a longer duration of therapy in selected patients

Community acquired Pneumonia- Inpatient, non-ICU

Administer antimicrobial therapy within 6 hours of presentation

FIRST LINE TREATMENT: No Cephalosporin Allergy and/or No Anaphylaxis to Penicillin: SELECT cefTRIAxone and IV or PO azithromycin

cefTRIAxone (ROCEPHIN)

- 2 gram intravenously every 24 hours.

azithromycin (ZITHROMAX)

- 500 milligram intravenously every 24 hours.

azithromycin 500 mg tablet (ZITHROMAX)

- 500 milligram orally every 24 hours.

Cephalosporin Allergy and/or Anaphylaxis to Penicillin or over 65 years old, History of Alcoholism or on Hemodialysis: SELECT IV or PO levofloxacin

levofloxacin (LEVAQUIN)

- 750 milligram intravenously every 24 hours for 5 days; pharmacy to adjust for renal function.

levofloxacin 750 mg tablet (LEVAQUIN)

- 750 milligram orally every 24 hours for 5 days; pharmacy to adjust for renal function.

Initials _____

(place patient label here)

Patient Name: _____



Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

PROVIDER ORDERS

Community Acquired Pneumonia with history of Pseudomonas Respiratory Infection within the past one year ONLY:

FIRST LINE TREATMENT: No Cephalosporin Allergy and/or No Anaphylaxis to Penicillin: SELECT cefepime and IV or PO levofloxacin

cefepime

- 2 gram intravenously every 8 hours

levofloxacin (LEVAQUIN)

- 750 milligram intravenously every 24 hours for 5 days; pharmacy to adjust for renal function.

levofloxacin 750 mg tablet (LEVAQUIN)

- 750 milligram orally every 24 hours for 5 days; pharmacy to adjust for renal function.

Cephalosporin Allergy and/or Anaphylaxis to Penicillin: SELECT gentamicin and IV or PO levofloxacin

gentamicin

- 5 milligram/kilogram intravenously once then pharmacy to dose.

levofloxacin (LEVAQUIN)

- 750 milligram intravenously every 24 hours for 5 days; pharmacy to adjust for renal function.

levofloxacin 750 mg tablet (LEVAQUIN)

- 750 milligram orally every 24 hours for 5 days; pharmacy to adjust for renal function.

Healthcare-Associated/Healthcare-acquired Pneumonia

The following are for patients that are not septic, not an ICU transfer. Includes any hospital or extended care facility within 30 days of onset.

FIRST LINE TREATMENT: No Penicillin Allergy: SELECT ZOSYN and vancomycin ** IF vancomycin allergic replace vancomycin with IV or PO linezolid

piperacillin-tazobactam (ZOSYN)

- 4.5 gram intravenously every 6 hours; pharmacy to adjust for renal function.

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose.

linezolid (ZYVOX)

- 600 milligram intravenously every 12 hours
- 600 milligram tablet orally every 12 hours

Initials _____

(place patient label here)

Patient Name: _____



Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

PROVIDER ORDERS

Penicillin Allergy Options:

No Cephalosporin Allergy and/or No Anaphylaxis to Penicillin: SELECT cefepime, metronidazole and vancomycin

**** IF vancomycin allergic replace vancomycin with IV or PO linezolid**

cefepime (MAXIPIME)

- 2 gram intravenously every 8 hours; pharmacy to adjust for renal function.

metronidazole (FLAGYL)

- 500 milligram intravenously every 6 hours.
- 500 milligram orally every 8 hours.

Vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose.

linezolid (ZYVOX)

- 600 milligram intravenously every 12 hours.
- 600 milligram tablet orally every 12 hours.

Cephalosporin Allergy and/or Anaphylaxis to Penicillin: SELECT aztreonam, IV or PO metroNIDAZOLE and vancomycin ** IF vancomycin allergic replace vancomycin with IV or PO linezolid:

aztreonam (AZACTAM)

- 2000 milligram intravenously every 8 hours; pharmacy to adjust for renal function.

metroNIDAZOLE (FLAGYL)

- 500 milligram intravenously every 6 hours.
- 500 milligram orally every 8 hours.

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams], then consult pharmacy to dose.

linezolid (ZYVOX)

- 600 milligram intravenously every 12 hours.
- 600 milligram tablet orally every 12 hours.

Bronchodilators

albuterol-ipratropium 2.5 mg-0.5 mg/3 mL soln for inhalation (DUO-NEB)

- 3 milliliter by nebulizer every 4 hours
- 3 milliliter by nebulizer every 4 hours, while awake

albuterol 2.5 mg/3 mL (0.083 %) solution for nebulization (VENTOLIN)

- 2.5 milligram by nebulizer every 4 hours
- 2.5 milligram by nebulizer every 4 hours, while awake
- 2.5 milligram by nebulizer every 2 hours as needed for shortness of breath or wheezing

ipratropium 0.5 mg/2.5 ml neb solution (ATROVENT)

- 0.5 milligram by nebulizer every 4 hours
- 0.5 milligram by nebulizer every 4 hours, while awake

Initials _____

(place patient label here)
Patient Name: _____



Order Set Directions:
> (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
> Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
> Initial each page and Sign/Date/Time last page

PROVIDER ORDERS

Laboratory

Admission labs or labs to be obtained now (if not already done in ER):

- Culture, blood stat x 2 from 2 different sites 5 minutes apart
- Respiratory Viral Panel by PCR (RT to collect)
- Culture, sputum and gram stain (RT to induce)
- CBC/Auto Diff
- NT pro-BNP
- Procalcitonin
- Blood gas study, Arterial
- Urine antigen, Legionella [RAPB]
- Urine antigen, Strep Pneumonia [RAPB]

Radiology and diagnostics

General Radiography

Chest radiography should be performed in patients with suspected CAP

XR Chest Single

- now: Reason for exam _____

XR Chest PA and LAT

- now: Reason for exam _____

Computed Tomography

CT, chest, with contrast

- now: Reason for exam: _____

Consults

Physician to physician notification preferred

- Consult other provider _____ regarding _____
Does nursing need to contact consulted provider? [] Yes [] No
- Consult to care coordination regarding _____

Provider Signature: _____ Date: _____ Time: _____