



(place patient label here)

Patient Name: _____

Order Set Directions:

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Diagnosis: _____ Allergies: _____

ED Pneumonia

Version Approved 7/24/19

This order set is not intended for patients with Severe Sepsis/ Septic Shock- For these patients, use the ED Sepsis order set

Nursing Orders

- Vital signs per unit standard
- Vital signs non-unit standard: _____
- Pulse oximetry continuous
- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%
- Ideally collect blood cultures from separate venipuncture sites
- Verify that blood cultures have been obtained before starting antibiotics

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids - Maintenance

- Sodium Chloride 0.9% IV
- 125 milliliter/hour continuous intravenous infusion

Medications

Antibacterial Agents

Community acquired Pneumonia

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 once
- azithromycin (ZITHROMAX)
 - 500 milligram intravenously once
 - azithromycin 500 mg tablet (ZITHROMAX)
 - 500 milligram orally once

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

- levofloxacin (LEVAQUIN)
 - 750 milligram intravenously once
- levofloxacin 750 mg tablet (LEVAQUIN)
 - 750 milligram orally once

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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 once

levofloxacin (LEVAQUIN)

- 750 milligram intravenously once

levofloxacin 750 mg tablet (LEVAQUIN)

- 750 milligram orally once

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

gentamicin

- 5 milligram/kilogram intravenously once

levofloxacin (LEVAQUIN)

- 750 milligram intravenously once

levofloxacin 750 mg tablet (LEVAQUIN)

- 750 milligram orally once

Healthcare-associated/Healthcare-acquired Pneumonia

The following are for patients that have been in any hospital or extended care facility stay within 30 days of onset. Not intended for aspiration pneumonitis

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 once

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams]

linezolid (ZYVOX)

- 600 milligram intravenously once
- 600 milligram tablet orally once

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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 once

metronidazole (FLAGYL)

- 500 milligram intravenously once
- 500 milligram orally once

vancomycin

- 15 milligram/kilogram intravenously once [Max dose = 2 grams]

linezolid (ZYVOX)

- 600 milligram intravenously once
- 600 milligram tablet orally once

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 once

metronidazole (FLAGYL)

- 500 milligram intravenously once
- 500 milligram orally once

vancomycin

- 15 milligram/kilogram intravenously once

linezolid (ZYVOX)

- 600 milligram intravenously once
- 600 milligram tablet orally once

Bronchodilators

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

- 3 milliliter by nebulizer once

albuterol 2.5 mg/0.5 mL solution for nebulization (VENTOLIN)

- 2.5 milligram by nebulizer once

- 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 once

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PROVIDER ORDERS

Laboratory

Obtain the following if not already done

BLOOD CULTURE

- stat x 2 from 2 different sites 5 minutes apart
- RESPIRATORY VIRAL PANEL BY PCR
- CULTURE, SPUTUM AND GRAM ST
- PROCALCITONIN
- CBC/ AUTO DIFF
- NT pro-BNP
- Blood gas study: Arterial
- URINE ANTIGEN, LEGIONELLA [RAPB]
- URINE ANTIGEN, STREP PNEUMONIA [RAPB]

Radiology

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 IV Contrast

now Reason for exam: _____

Consults

Physician to physician notification preferred.

Consult other provider _____ regarding _____

Does nursing need to contact consulted provider? [] Yes [] No

Provider Signature: _____ Date: _____ Time: _____