

# CLINICAL PATHWAY

## Severe Pneumonia

DRG NO 89

PATIENT IDENTIFICATION

<b>Initiating UNIT:</b>	<b>Initiating DATE:</b>	<b>Initiating TIME:</b>	<b>DRG NO:</b> 89	<b>Length of Stay:</b> 6.0		
	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>
<b>ACTIVITY</b>	<input type="checkbox"/> BP w/ BRP HOB elevated <input type="checkbox"/> Initiate Fall Risk Protocol if indicated	<input type="checkbox"/> OOB <input type="checkbox"/> Ambulate as tolerated	<input type="checkbox"/> Ambulate in hall as tolerated	<input type="checkbox"/> Ambulate in hall as tolerated		<input type="checkbox"/> Discharge Day 6
<b>TEST SPECIMENS</b>	<input type="checkbox"/> <b>CBC c Diff</b> <input type="checkbox"/> <b>BMP</b> <input type="checkbox"/> <b>UA</b> <input type="checkbox"/> Additional Labs as indicated <input type="checkbox"/> <b>Blood Cultures x2</b> <input type="checkbox"/> <b>Sputum-GM stain, C+S if productive cough</b> <input type="checkbox"/> <b>CXR - PA + LAT</b> <input type="checkbox"/> <b>O<sub>2</sub> saturation - if less than 95% ABG (on room air)</b> <input type="checkbox"/> Thoracentesis - if indicated <input type="checkbox"/> <b>EKG</b>	<input type="checkbox"/> CBC c Diff if indicated <input type="checkbox"/> <b>BMP if indicated</b> <input type="checkbox"/> O <sub>2</sub> saturation - ABG repeat as indicated <input type="checkbox"/> Review sputum for gram stain <input type="checkbox"/> Confirm Chest X-Ray report of pneumonia. If not confirmed, remove from pathway	<input type="checkbox"/> <b>CBC c Diff</b> <input type="checkbox"/> BMP if indicated <input type="checkbox"/> Review blood cultures & sputum culture results <input type="checkbox"/> CXR repeat if indicated			
<b>DIET</b>	<input type="checkbox"/> _____ Diet <input type="checkbox"/> Encourage fluids as indicated					
<b>MEDS</b>	<input type="checkbox"/> <b>IV antibiotics - after cultures within 4 hours</b> <input type="checkbox"/> Analgesic / Sedatives as needed <input type="checkbox"/> Antipyretics - prn for temp greater than 101° F <input type="checkbox"/> Cough suppressant / expectorant as needed <input type="checkbox"/> Nebulizer therapy as needed  <b>Select one:</b> <input type="checkbox"/> Heparin - 5000 units every 8 hrs if not ambulating; or <input type="checkbox"/> Lovenox 40 mg daily		<input type="checkbox"/> <b>Switch to po antibiotics when able to eat and/or take oral medications.</b>			
<b>CONSULTS</b>	<input type="checkbox"/> Dietary as indicated <input type="checkbox"/> Social Services as indicated <input type="checkbox"/> Pulmonary & Infectious Diseases as indicated		<input type="checkbox"/> If no improvement, consider Infectious Disease and/or Pulmonary consult			

Clinical pathways are tools to facilitate and guide multi-disciplinary patient care. They do not represent a standard of care or replace physician orders or clinical judgment. Modifications are made based on documented individual patient needs.

### PART OF THE MEDICAL RECORD

Your  
Hospital's  
Logo  
Here

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## Severe Pneumonia

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PATIENT IDENTIFICATION

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
<b>IVS</b>	<input type="checkbox"/> <i>As indicated - Saline Lock</i> _____ @ _____ ml / hr					
<b>TREATMENTS</b>	<input type="checkbox"/> Weight <input type="checkbox"/> O <sub>2</sub> as indicated after <b>ABG results</b>		<input type="checkbox"/> Weight <input type="checkbox"/> R/A pulse ox check if O <sub>2</sub> Sat < 95%, call H.O.		<input type="checkbox"/> Weight <input type="checkbox"/> R/A pulse ox IF O <sub>2</sub> Sat <95%, call H.O.	
<b>VITAL SIGNS</b>	<input type="checkbox"/> Q 4 hr x 48 hr <input type="checkbox"/> Nursing - Document Respiratory Assessment q shift	<input type="checkbox"/> VS q shift <input type="checkbox"/> Continue pulmonary assessment q shift	<input type="checkbox"/> VS q shift <input type="checkbox"/> Continue pulmonary assessment q shift	<input type="checkbox"/> Continue pulmonary assessment q shift	<input type="checkbox"/> Continue pulmonary assessment q shift	
<b>TEACHING</b>	<input type="checkbox"/> Assess discharge needs and document <input type="checkbox"/> Review anticipated LOS with patient & family	<input type="checkbox"/> Continue discharge planning and document	<input type="checkbox"/> Validate discharge plan with Continuing Care Coordinator & Social Services <input type="checkbox"/> Counsel patient regarding Smoking Cessation, if appropriate	<input type="checkbox"/> Review discharge instruction sheet with patient & family		
<b>DISCHARGE PLANNING</b>	<input type="checkbox"/> Orient to room and floor routines <input type="checkbox"/> Instruct - aspiration precautions, handling secretions, positioning, coughing and deep breathing, S and S to report. <input type="checkbox"/> Review plan of care with patient and family <input type="checkbox"/> Begin medication instruction	<input type="checkbox"/> Explain diagnosis, course of treatment  <input type="checkbox"/> Stress coughing and deep breathing	<input type="checkbox"/> Instruct - po antibiotics, actions, dose, side effects, other discharge meds. <input type="checkbox"/> If on oral antibiotics, document need for continued hospitalization.	<input type="checkbox"/> Reinforce medications instructions - other teaching		
<b>EVALUATION</b>	<b>ON TRACK</b> 0700 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit  1900 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit	<input type="checkbox"/> YES <input type="checkbox"/> NO 0700 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit  <input type="checkbox"/> YES <input type="checkbox"/> NO 1900 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit	<input type="checkbox"/> YES <input type="checkbox"/> NO 0700 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit  <input type="checkbox"/> YES <input type="checkbox"/> NO 1900 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit	<input type="checkbox"/> YES <input type="checkbox"/> NO 0700 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit  <input type="checkbox"/> YES <input type="checkbox"/> NO 1900 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit	<input type="checkbox"/> YES <input type="checkbox"/> NO 0700 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit  <input type="checkbox"/> YES <input type="checkbox"/> NO 1900 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit	<input type="checkbox"/> YES <input type="checkbox"/> NO 0700 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit  <input type="checkbox"/> YES <input type="checkbox"/> NO 1900 <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initials _____ Unit

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