### SEVERE / COMPLICATED PNEUMONIA - CLINICAL PATHWAY: DAY 1

**DATE:** Time: 

**DIAGNOSIS:** SEVERE / COMPLICATED PNEUMONIA

**CLASS IV or V** (circle one)

**ACTIVITY:** BR with BRP. HOB elevated.

**ALLERGIES:**

**DIET:**

**LABS:** if not done in ER:
1. CBC c diff on DAY 1 (and) DAY 3
2. UA
3. BMP
4. Blood Cultures x 2 (separate sticks)
5. If productive cough, sputum STAT for gram stain and culture within 4 hours after admission.

**RESPIRATORY THERAPY:**

- O2 saturation by oximetry on room air at admission. If less than 95%, do blood gases
- O2 therapy as indicated after ABG ______________ O2 by ______________

**IV Heparin Lock**

**FLUIDS:** @ ml /

**MEDICATIONS:**

- If Temp > 102 °F and if Patient is uncomfortable:
  - __________ Motrin 600 mg po every 8 hrs pm
  - __________ Tylenol 650 mg po every 4 - 6 hrs pm

**FAXED BY/TIME:**
**TIME NOTED:**

**Doctor's Signature ________________________, MD Date __________**

**Nurse's Signature / Title**
SEVERE / COMPLICATED PNEUMONIA - CLINICAL PATHWAY: DAY 1

(Continued)

ANTIBIOTICS - start after cultures - within 4 hrs of admission x 3 days
Dosage adjustment required for patients with renal insufficiency.

OPTION #1
- Ceftriaxone (Rocephin) 1 gram IV daily
- Azithromycin (Zithromax) 500 mg IV daily.

OPTION #2
- Levofoxacin (Levaquin) 750 mg IV daily.

OPTION #3
- Piperacillin / Tazobactam (Zosyn) 3.375 gm IV every 6 hours (for confirmed aspiration) AND Azithromycin (Zithromax) 500 mg IV daily.

OPTION #4
- Other … please write orders below clearly.

NOTES:
1) Consider Doxycycline for Azithromycin allergic patients.
2) Consider Zosyn 4.5 gms for MDR gram-negative organisms.
3) Antibiotic choices / dosages should be based on patients' clinical assessment.

Doctor's Signature ____________________________,MD Date __________
Nurse's Signature / Title ________________________________
<table>
<thead>
<tr>
<th>Check (✓) Each Order As Transcribed</th>
<th>Check (✓) Pharmacy Orders</th>
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<tbody>
<tr>
<td><strong>SEVERE / COMPLICATED PNEUMONIA - CLINICAL PATHWAY: DAY 3</strong></td>
<td></td>
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<tr>
<td>(Continued)</td>
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<tr>
<td>DATE:</td>
<td>TIME:</td>
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<tr>
<td>DIAGNOSIS: SEVERE / COMPLICATED PNEUMONIA</td>
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<tr>
<td>PO ANTIBIOTICS - when afebrile x 24 hrs (&lt; 100 degrees F)</td>
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<tr>
<td>_____ Azithromycin (Zithromax) 500 mg PO daily</td>
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<tr>
<td>_____ Amoxicillin / Clavulanic Acid (Augmentin) 875 mg PO twice a day</td>
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<tr>
<td>_____ Levofloxacin (Levaquin) 750 mg PO daily</td>
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<td>CXR if indicated</td>
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<td>CBC if indicated</td>
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</table>

**PART OF THE MEDICAL RECORD**

**Use Ball Point Pen Only - Press Firmly**

**PHYSICIAN'S ORDER SHEET**

**ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT**

**AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.**

**Severe Pneumonia Physicians Order_CLINICAL PATHWAYS_MEDICAL AFFAIRS**

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