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# HEALTHCARE ASSOCIATED PNEUMONIA 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.**

PATIENT IDENTIFICATION

Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	<b>HEALTHCARE ASSOCIATED PNEUMONIA</b>
		<b>DATE:</b> _____ <b>TIME:</b> _____
		ACTIVITY: BR with BRP, HOB elevated
		ALLERGIES:
		DIET:
		<b>LABS &amp; TESTS:</b>
		1. CBC with differential daily
		2. BMP daily
		3. Blood Cultures X 2 (separate sticks)
		4. <input type="checkbox"/> If productive cough, sputum STAT for gram stain and culture
		<input type="checkbox"/> Deep Tracheal aspirate for gram stain, culture and sensitivity
		CXR PA & Lateral stat
		EKG
		VS as per unit routine
		Document Pulmonary Assessment every 4 hours
		<b>RESPIRATORY THERAPY:</b>
		O2 saturation by oximetry on room air at admission. If less than 95%, do blood gases
		O2 therapy as indicated after ABG or oxemetry _____ O2 by _____
		Continuous O2 saturation monitoring by oximetry. If less than 90%, notify PMD
		<b>MUCOLYTICS / BRONCHODILATORS vis NEBULIZER:</b>
		<input type="checkbox"/> OPTION #1 - Albuterol 1 unit dose every 4 hours, and: Atrovent 1 unit dose every 4 hours
		<input type="checkbox"/> OPTION #2 - Xopenex 1.25 mg every 8 hours, and: Atrovent 1 unit dose every 8 hours
		<input type="checkbox"/> Acetylcysteine 2 ml of 20% every 4 hours
		<b>ANTIBIOTICS - Start after Cultures</b>
		(Dosage adjustment required for Patients with Renal Insufficiency)

FAXED BY/TIME: \_\_\_\_\_

TIME NOTED: \_\_\_\_\_

Doctor's Signature \_\_\_\_\_, MD Date \_\_\_\_\_  
 Nurse's Signature / Title \_\_\_\_\_

**Military Time >>**

**USE BALL POINT PEN ONLY - PRESS FIRMLY**

**PART OF THE MEDICAL RECORD**

