University Medical Center CAP

<u>Disclaimer</u>: The is a suggested interdisciplinary plan of care. This is only a guideline. The patient problem, outcomes and interventions may be changed to meet the individual needs of the patient. Physician / Medical orders supersede all pre-printed interventions identified on the

ADDRESSOGRAPH

CAP -										
Estimated LOS: <u>5 Days</u>	Da	ate placed on map:								
INCLUSIONARY CRITERIA: All patients with diagnosis of Community	Acquired Pneumonia	will be placed on CAP								
EXCLUSIONARY CRITERIA: Aspiration Pneumonia										
Primary Diagnosis/Procedure:										
Pertinent Past Medical History:										
Allergies:										
Code Status:										
Consults or Disciplines	Date/Time	Patient Education:	Initials	Date/ Time						
Involved:		Respiratory Therapy								
		Nutrition/Diet Therapy								
3.		Physical Medicine/Rehab								
4.		Pulmonary Rehab								
5.		Occupational Therapist								
		Smoking Cessation Counseling		1						
Significant Events this Admission:										
Intubated:										
Trach:										
Date/Event:										
Date/Event:										
RN Signature:		Date/Time:								
RN Signature:		Date/Time:								
Instructions for Documentation: OUTCOMES / INTERVENTIONS: - Initial when met or	completed									

SUPPLEMENTAL DOCUMENTATION is required on the Interdisciplinary Progress Record when an outcome or intervention is initialed and circled, indicating it was not met or completed as stated.

Use notation N/A, if not applicable for the timeframe

Initial and circle, if not met or completed

CAPTitle Initial Signature Signature Requiring Co-Signature Date/Shift Initial/Title

ADDRESSOGRAPH

	DESI		-			D = DAYS E = EVENINGS N = NIGI			LA
Problem/ Needs	ETD / Admitting Unit Date:	D	E	N	Problem/ Needs	Aassus for use of addessury must re-	D	E	1
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making. Patient/family verbalizes initial understanding: • CAP Dx					Antibiotics given within 4 hours of admit Blood cultures drawn prior to antibiotics			
	Procedures/Treatment Pneumonia Teaching Plan developed					obrasortojose TVO politikasmi seasea), bescolbretti (UV) plavi segitelle bris			
Pain	Pain free or verbalizes relief after intervention.								T
Management	Obtains adequate gas exchange as								
Ineffective Airway Clearance & Breathing Pattern Shortness	evidenced by: Improved O ₂ saturation Improved breathing pattern Decreased SOB Decreased use of accessory muscles Decreased ineffective coughing				Medication Safety	Remains free from untoward reactions to medications.			
of Breath	Increased ability to clear secretions				Patient	Remains injury free in a safe environment.			1
Anxiety	Fears/concerns related to illness and hospitalization identified.	132			Safety	No evidence of skin breakdown.			1
	Incruse) Setup				Skin Integrity	INO EVIDENCE OF SKITT DIEGROUWIT.		-	+
Alterations in ADL's	Maximum participation in ADL's Maximum mobility status				Patient/Family	Patient/family verbalizes satisfaction with hospital stay/care.	$\frac{1}{1}$	+	\dagger
III ADL 3	Waxing Triobinty Status		-		Satisfaction				

Patient Care	D	E	N	Patient Care		D	E	N
Categories				Categories				
					* Diet:			
Discharge				Nutrition	Increased fluid intake			
Plan	* *				% of diet consumed:			
,					Breakfast%			
					Lunch %			
					Dinner %			
The state of the s					High risk nutritional assessment			Г
	4				completed.			
				er sanfer (in o in i maj prendjense) – a po	Property Core provided to the control of the contro			
9					1 (See Hospiratory Care Record)			

* indicates medical orders needed

Patient Care	ETD / Admitting Unit	D	E	N	Patient Care	(35) 1 (94) (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	D	E	N
Categories	Date:				Categories				
	* Vital signs q hr					Encourage verbalization of fears /		geren and	
Assessment					Teaching	concerns.			
&	* O ₂ :				&	Learning needs / teaching plan:			
Treatments			_	_	Psychosocial	- Encourage Deep Breathing and			
	* 1&0					coughing		in very	
	Encourage 1500 cc fluids / day	-	-	_		- CAP Teaching Protocol initiated			
	Assess rate, rhythm and quality of respirations								
	respirations								1391
	Assess for adventitious breath sounds	\vdash		-			-		
	such as rhonchi, wheezing or crackles						+		\vdash
	addit as monori, wheezing of oracides						-		
	Assess for use of accessory muscles	1		\vdash			11.140		
								9516	
	Assess O ₂ saturation via pulse	1				The second secon			
	oximetry								
								132	
	Assess if presently smoking or quit					The state of the s		V 44 900	U, C/3
	within the last year								
						a social e palitica e albada paritica			
	Assess need for DVT prophalaxis					ereget at the fig. The common to start the second in			
	and discuss with MD if indicated								
		-		_					
	Colonia de				Ci	Lab / diagnostics results reviewed; MD	. 51		
					Specimens &	notified if indicated. * Tests / Procedures:	-		\vdash
					Diagnostics	* 2 sets blood cultures			
					Diagnostics	(prior to antibiotics)			
						* CBC with Diff			
						* Chem Screen	- 413	s ite	
	rectaen brewette men end scheme					* Urinalysis	Ye	17 T D	
	- 1 1 2 pp で 1 page to page					* Arterial blood gases on room air	1000	iry si	
						* Sputum gram stain and C & S	prod	Trans.	
						* CXR	100	1915	
						* Albumin level	2.29		
	Start and their value of the re-					in the last of the decrease manife)	dana		
			327 23			Allergies to medications reviewed			
	THE RESIDENCE OF STREET OF STREET OF STREET				Medication	Medication dosage adjustment			
			1 - 6		Safety	discussed with MD / APN in the pre-			
Mildings State					n migrati mijo en tra etc. i	sence of renal or hepatic disease.			
	FOR SERVICE SERVICES OF SERVICES						Jan 18	to the later	
		193							
	employees and an appearance of the company of the c	1000	8			Falls protocol initiated.			
					Safety		-	_	\vdash
					&	* Activity level:			
	and the statement of th				Activity	OOB as tolerated	#8 ECO (#2)	1000000000	100000
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	Saligation of recommendation						2007	e consis	
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Marin Constitution Constitution	15 miles								
State of the state	20/11/16								
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	pelalogres.								
a metalik fini seri salah melik bermanian sahirin finisa seri salah salah salah salah salah salah salah salah s	* Pagniratory Care provided	+-	-	-	1				
	* Respiratory Care provided. (See Respiratory Care Record)				1 - 1 - 1				
And the second s	(Gee Respiratory Gare Record)	1							

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Signature Requiring Co-Signature	Date/Shift	Initial/	Title
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ADDRESSOGRAPH

	DESI	RED	OU	TCC	DMES	D = DAYS E = EVENINGS N = NIG	HTS		
Problem/ Needs	Day 2 Date:	D	E	N	Problem/ Needs	Louis of common the set for more A	D	Ε	٨
Knowledge	Patient/family verbalizes understanding of anticipated plan of care and participates				Switch	Switch criteria met			
Deficit related to plan of care	in decision making. Teaching Protocol effective				Criteria	VOTATION OF THE PARTY OF THE PA			
						is ex fair and pinaks.			L
					Assets switch through dust is Autosoca of lover reg 争 to come Tetak for 24 boles (
	Pain free or verbalizes relief after	<u> </u>				Le West and			
Pain Management	intervention.					Patient remains free from untoward reactions to medications			
					Medication Safety	Legislation of the company of the company of DMA Legislation of the company of the company of DMA Legislation of the company of the compa			
Ineffective	Obtains adequate gas exchange as evidenced by:					on professional or amports.			
Airway Clearance &	 Improved O₂ saturation Improved breathing pattern 				Discharge	Patient discharged within 24 hours of switch therapy if criteria met			
Breathing Pattern Shortness	Decreased SOB Decreased use of accessory muscles Decreased ineffective coughing					an an agrin cond as the sale and a sale an			
of Breath	Increased ability to clear secretions				Patient	Remains injury free in a safe environment.			Ī
Anxiety	Fears/concerns related to illness and hospitalization identified.				Safety	de la la Colo de la constante de la Colo de			
		_			Skin	No evidence of skin breakdown.			
	Maximum participation in ADL's				Integrity	d vi synjenskenleido er tiM keenoo)			
Alterations in ADL's	Maximum mobility status	_	_		Patient/Family	Patient/family verbalizes satisfaction with hospital stay/care.			T
III ADE 3	maximum mosiny status				Satisfaction	ospital diagrams			T
	INTERVE	NTI	ONS	(co	ntinued on bac	 			
2 // / 0					Detient Core		ID	_	T

Patient Care	D	E	N	Patient Care		D	E	N
Categories				Categories				
					* Diet:			
Discharge				Nutrition	Increase fluid intake			
Plan					% of diet consumed:			
					Breakfast%			
					Lunch %			
And the second s					Dinner %			
					High risk nutritional assessment completed.			
					Person of State States			

* indicates medical orders needed

Patient Care	Day 2	D	E	N	Patient Care		D	E	N
Categories	Date:				Categories				
	* Vital signs q hr					Encourage verbalization of fears /			
Assessment					Teaching	concerns.			
&	* O ₂ :				&	Learning needs / teaching plan:			
Treatments					Psychosocial	- CAP Teaching Protocol			
	* 1&0					- Smoking Cessation if applicable			
	Encourage 1500 cc fluids / day								
	Assess rate, rhythm and quality of								
	respirations						100		
1997, Professor grantillador (n. 11. mai building)	Assess for adventitious breath sounds						100000000000000000000000000000000000000		
	such as rhonchi, wheezing or crackles						+-	-	
	demonstration of the company of the consequence of								
	Assess for use of accessory muscles								
Francisco de la compansa de la compa	The or a party of the second property of the second property of the second of the seco					A STATE OF THE STA			
	Assess O ₂ saturation via pulse								
ja j	oximetry								
					27		No.		
	Assess if presently smoking or quit		\vdash				100		(3)
	within the last year								
	case the person consequence with a person of our ordinate for the								
	Assess switch therapy criteria:		\vdash						
	- Absence of fever for 12 hours or								
	TMax for 24 hours < 37.8° C or 100° F								
	- Cough and shortness of breath								
	improving								
	- Absence of high risk or resistant		,	100,77		Lab / diagnostics results reviewed; MD	+-		
	pathogen. (i.e., Staph aureus				Specimens	notified if indicated.		ré.e	
	Pcn-resistant Strep pneumoniae)				&		+-		860
	- WBC's trending down towards normal	1201			& Diagnostics	* Tests / Procedures: * CBC			
					Diagnostics	1			
	- Adequate gut absorption and adequate po / enteral intake					* SMA 7			
	Consult MD to switch antibiotics to po		-			* CXR	- 65		
	Consult wid to switch antibiotics to po								
	Assess discharge criteria:				3			2553	
	- Meets above criteria					de la lacazione de	. 0		
	AND				i i	on the second of the second of the			
	- WBC's at < 12,000 - Stable co-morbid conditions							in man	650
	[A	A production of the production of the contraction o			Na
	- Normal oxygenation i.e., O ₂ Sat	- 1							
	> 90% on room air or in patients								
	diagnosed with COPD a PaO ₂ >	7				e san usea i tobleatora i si i di		1000	
	60 mm Hg & < PaCO ₂ 45 mm Hg								
	or baseline				1				
	Canault MD to obtain disale				k u ne sustressible				
	Consult MD to obtain discharge order								
	if criteria met Administer Influenza and Pneumonia			_		and the second s	2.0		
						[Colle protected in the design of the design	1		100
	vaccine if eligible on day of discharge				Cafat	Falls protocol initiated.			
				_	Safety	* A -42-26 - 1 1	\vdash		
	company and the contraction of t				&	* Activity level:			No. of the same
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	* Respiratory Care provided.								
	(See Respiratory Care Record)								
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ADDRESSOGRAPH

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Problem/ Needs	Day 3 Date:	D	Ε	N	Problem/ Needs	- 1000 b 000 to 80 826EXB	D	Ε	٨
Knowledge	Patient/family verbalizes understanding of anticipated plan of care and participates				Switch	Switch criteria met			
Deficit related to plan of care	in decision making.				Criteria	Switched to P.O. antibiotics			
						d contract to contract &			
					s is to view reposition across SA				
	Pain free or verbalizes relief after								Ļ
Pain Management	intervention.	_	_			Patient remains free from untoward reactions to medications			L
					Medication Safety	Los said new policy of the common			
Ineffective	Coughing diminished					ASSESS CHECKEN OF THE			
Airway Clearance &	Able to clear secretions				Discharge	Discharge criteria met			Ī
Breathing Pattern	Respirations easy and regular without accessory muscle use					Discharge order obtained			T
Shortness	Lungs sounds clear or at baseline	\vdash	\vdash	\vdash					İ
of Breath					Patient	Remains injury free in a safe environment.			T
Anxiety	Verbalizes decreased level of anxiety				Safety	the state of the second			T
					Skin	No evidence of skin breakdown.			T
	ADU.		<u></u>		Integrity		1		T
Alterations	Maximum participation in ADL's					Patient/family verbalizes satisfaction	+		t
in ADL's	Maximum mobility status				Patient/Family Satisfaction	with hospital stay/care.	-		+
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					ntinued on bac		LD		_

Patient Care	D	E	N	Patient Care		D	E	N
Categories				Categories				
Discharge				Nutrition	* Diet:			
Plan				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	% of diet consumed:			
					Breakfast%			
					Lunch %			
					Dinner %			
					High risk nutritional assessment completed.			
				2 - 50480 - 1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7				
Additional in the control of the con								

Patient Care	DAY3	D	E	N	Patient Care	970/18/02/02	D	E	N
Categories	Date:				Categories				
	* Vital signs q hr					Encourage verbalization of fears /			
Assessment	497				Teaching	concerns.			Ottoner.
&	* O ₂ :				&	Learning needs / teaching plan:		(6)	Q ₂
Treatments					Psychosocial	- CAP Teaching Protocol			
	* I&O					- Benefits of Influenza & Pneumococcal			
	Encourage 1500 cc fluids / day					Vaccine			
	Assess rate, rhythm and quality of					- Smoking Cessation if applicable			
	respirations				1,20			onut	olg e
	Assess for adventitious breath sounds								
	such as rhonchi, wheezing or crackles								
						A Committee of the Comm	1119		
	Assess use of accessory muscles					850.00	1,70	o de	
	Assess O seturation via nule								
	Assess O ₂ saturation via pulse						700		÷,
	oximetry								100
	Assess switch thorany critoria:	-	-	-				1	
	Assess switch therapy criteria: - Absence of fever for 12 hours or								
	TMax for 24 hours < 37.8° C or 100° F								
	- Cough and shortness of breath								
	improving								
	- Absence of high risk or resistant		-		;				
	pathogen. (i.e., Staph aureus								
	Pcn-resistant Strep pneumoniae)								
	- WBC's trending down towards normal					Lab / diagnostics results reviewed; MD			
	- Gut absorption and adequate po /				Specimens	notified if indicated.			
	enteral intake				&	* Tests / Procedures:			-
	Consult MD to switch antibiotics to po			\vdash	Diagnostics	* CBC			
	oniocitation and one to po	97.2			2.030000	* SMA 7			
	Assess discharge criteria:					* CXR			
	- Meets above criteria								
	- WBC's at < 12,000						्		
	- Stable co-morbid conditions		7 = 1				- 35		
	- Normal oxygenation i.e., O ₂ Sat							in eri	
	> 90% on room air or in patients								
	diagnosed with COPD a PaO ₂ >							0.1014	
	60 mm Hg & PaCO ₂ 45 mm Hg						100		
	or baseline								
	Consult MD to obtain discharge order			1 1		10 A			
	<u> </u>								
	Administer Influenza and Pneumonia								
	vaccine if eligible on day of discharge						te sata		
	Augualijas ar at susta t					[
		, , , a	7 7 7		0-4-4-	Falls protocol initiated.			
					Safety				_
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	* Respiratory Care provided.			-					
	(See Respiratory Care Record)					. A.			
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