

**University Medical Center
CAP**

Disclaimer: 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: 5 Days

Date 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 Involved:	Date/Time
1.	
2.	
3.	
4.	
5.	

Patient Education:	Initials	Date/Time
Respiratory Therapy		
Nutrition/Diet Therapy		
Physical Medicine/Rehab		
Pulmonary Rehab		
Occupational Therapist		
Smoking Cessation Counseling		

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
- Use notation N/A, if not applicable for the timeframe
- Initial and circle, if not 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.

CAP

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

ETD / Admitting Unit	Assessment	Plan	Implementation	Evaluation

ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	ETD / Admitting Unit Date:	D	E	N	Problem/Needs	D	E	N			
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.				<ul style="list-style-type: none"> Antibiotics given within 4 hours of admit Blood cultures drawn prior to antibiotics 						
	Patient/family verbalizes initial understanding:										
	• CAP Dx										
	• Procedures/Treatment										
Pneumonia Teaching Plan developed											
Pain Management	Pain free or verbalizes relief after intervention.										
Ineffective Airway Clearance & Breathing Pattern Shortness of Breath	Obtains adequate gas exchange as evidenced by:					Medication Safety	Remains free from untoward reactions to medications.				
	• Improved O ₂ saturation				Patient Safety			Remains injury free in a safe environment.			
	• Improved breathing pattern					Skin Integrity	No evidence of skin breakdown.				
	• Decreased SOB								Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.	
	• Decreased use of accessory muscles				Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.					
• Decreased ineffective coughing				Patient/Family Satisfaction			Patient/family verbalizes satisfaction with hospital stay/care.				
• Increased ability to clear secretions					Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.					
Anxiety	Fears/concerns related to illness and hospitalization identified.						Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
					Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.					
Alterations in ADL's	Maximum participation in ADL's						Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
	Maximum mobility status				Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.					
									Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.	
				Patient/Family Satisfaction			Patient/family verbalizes satisfaction with hospital stay/care.				
					Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.					
								Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.		
				Patient/Family Satisfaction			Patient/family verbalizes satisfaction with hospital stay/care.				

INTERVENTIONS (continued on back)

Patient Care Categories	D	E	N	Patient Care Categories	D	E	N
Discharge Plan				Nutrition	* Diet:		
					Increased fluid intake		
					% of diet consumed:		
					Breakfast _____%		
					Lunch _____%		
Dinner _____%							
High risk nutritional assessment completed.							

* indicates medical orders needed

INTERVENTIONS

[illegible]

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CAP

Signature	Title	Initial
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ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	Day 2 Date: _____	D	E	N	Problem/Needs	D	E	N	
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.				Switch Criteria	Switch criteria met			
	Teaching Protocol effective								
Pain Management	Pain free or verbalizes relief after intervention.				Medication Safety	Patient remains free from untoward reactions to medications			
Ineffective Airway Clearance & Breathing Pattern Shortness of Breath	Obtains adequate gas exchange as evidenced by:				Discharge	Patient discharged within 24 hours of switch therapy if criteria met			
	• Improved O ₂ saturation								
	• Improved breathing pattern				Patient Safety	Remains injury free in a safe environment.			
	• Decreased SOB								
Anxiety	Fears/concerns related to illness and hospitalization identified.				Skin Integrity	No evidence of skin breakdown.			
Alterations in ADL's	Maximum participation in ADL's				Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
	Maximum mobility status								

INTERVENTIONS (continued on back)

Patient Care Categories	D	E	N	Patient Care Categories	D	E	N
Discharge Plan				Nutrition	* Diet:		
					Increase fluid intake		
					% of diet consumed:		
					Breakfast _____ %		
					Lunch _____ %		
					Dinner _____ %		
High risk nutritional assessment completed.							

* indicates medical orders needed

INTERVENTIONS

Patient Care Categories	Day 2 Date: _____	D	E	N
Assessment & Treatments	* Vital signs q _____ hr			
	* O ₂ : _____			
	* I&O Encourage 1500 cc fluids / day			
	Assess rate, rhythm and quality of respirations			
	Assess for adventitious breath sounds such as rhonchi, wheezing or crackles			
	Assess for use of accessory muscles			
	Assess O ₂ saturation via pulse oximetry			
	Assess if presently smoking or quit within the last year			
	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., <i>Staph aureus</i> <i>Pcn-resistant Strep pneumoniae</i>) - WBC's trending down towards normal - Adequate gut absorption and adequate po / enteral intake			
	Consult MD to switch antibiotics to po			
Assess discharge criteria: - Meets above criteria - WBC's at < 12,000 - Stable co-morbid conditions - Normal oxygenation i.e., O ₂ Sat > 90% on room air or in patients diagnosed with COPD a PaO ₂ > 60 mm Hg & < PaCO ₂ 45 mm Hg or baseline				
Consult MD to obtain discharge order if criteria met				
Administer Influenza and Pneumonia vaccine if eligible on day of discharge				
* Respiratory Care provided. (See Respiratory Care Record)				

Patient Care Categories	D	E	N
Teaching & Psychosocial			
Specimens & Diagnostics			
Safety & Activity			

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Signature		Title	Initial
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ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/Needs	Day 3 Date:	D	E	N	Problem/Needs	D	E	N	
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.				Switch Criteria	Switch criteria met			
						Switched to P.O. antibiotics			
Pain Management	Pain free or verbalizes relief after intervention.				Medication Safety	Patient remains free from untoward reactions to medications			
Ineffective Airway Clearance & Breathing Pattern Shortness of Breath	Coughing diminished				Discharge	Discharge criteria met			
	Able to clear secretions					Discharge order obtained			
	Respirations easy and regular without accessory muscle use								
	Lungs sounds clear or at baseline				Patient Safety	Remains injury free in a safe environment.			
Anxiety	Verbalizes decreased level of anxiety				Skin Integrity	No evidence of skin breakdown.			
Alterations in ADL's	Maximum participation in ADL's				Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
	Maximum mobility status								

INTERVENTIONS (continued on back)

Patient Care Categories	D	E	N	Patient Care Categories	D	E	N
Discharge Plan				Nutrition	* Diet:		
					% of diet consumed:		
					Breakfast _____ %		
					Lunch _____ %		
					Dinner _____ %		
					High risk nutritional assessment completed.		

* indicates medical orders needed

INTERVENTIONS

* indicates medical orders needed