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# CLINICAL PATHWAY

## Simple Pneumonia

DRG NO 90

PATIENT IDENTIFICATION

<b>Initiating UNIT:</b>	<b>Initiating DATE:</b>	<b>Initiating TIME:</b>	<b>DRG NO:</b> 575.0 & 574.1	<b>Length of Stay:</b> 4.0
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	Day 1	Day 2	Day 3	Day 4
<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	
<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"/> <b>Blood Cultures x2</b> <input type="checkbox"/> <b>Sputum-GM stain, C+S within 4 hrs if productive cough</b> <input type="checkbox"/> <b>CXR - PA + LAT</b> <input type="checkbox"/> <b>O<sub>2</sub> saturation - if &lt; 95% ABG (on room air)</b>	<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 >101° F + Pt discomfort		<input type="checkbox"/> <b>Switch to po antibiotics when able to eat and/or take any oral medications.</b>	
<b>CONSULTS</b>	<input type="checkbox"/> Dietary as indicated <input type="checkbox"/> Social Services as indicated		<input type="checkbox"/> If no improvement, consider Infectious Disease and/or Pulmonary consult	
<b>IVS</b>	<input type="checkbox"/> <b>As indicated - Saline Lock</b> _____ @ _____ ml / hr			
<b>TREATMENTS</b>	<input type="checkbox"/> Weight <input type="checkbox"/> <b>O<sub>2</sub> as indicated after ABG results</b>	<input type="checkbox"/> R/A pulse ox check if O <sub>2</sub> Sat < 95%, call H.O.	<input type="checkbox"/> R/A pulse ox check if O <sub>2</sub> Sat < 95%, call H.O.	

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.

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	Day 1	Day 2	Day 3	Day 4
<b>VITAL SIGNS</b>	<input type="checkbox"/> Q 4 hr x 24 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"/> VS q shift <input type="checkbox"/> Continue pulmonary assessment q shift
<b>DISCHARGE PLANNING</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 Case Management Coordinator & Social Services	<input type="checkbox"/> Review discharge instruction sheet with patient & family
<b>TEACHING</b>	<input type="checkbox"/> Orient to room and floor routines <input type="checkbox"/> Instruct - aspiration precautions, handling, secretions, positioning, coughing & deep breathing. <input type="checkbox"/> Review plan of care with patient and family <input type="checkbox"/> Begin medication instruction	<input type="checkbox"/> Explain diagnosis and 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>	<p><b>ON TRACK</b></p> <p><b>0700</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO            _____ Initials            _____ Unit</p> <p><b>1900</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO            _____ Initials            _____ Unit</p>	<p><b>ON TRACK</b></p> <p><b>0700</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO            _____ Initials            _____ Unit</p> <p><b>1900</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO            _____ Initials            _____ Unit</p>	<p><b>ON TRACK</b></p> <p><b>0700</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO            _____ Initials            _____ Unit</p> <p><b>1900</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO            _____ Initials            _____ Unit</p>	<p><b>ON TRACK</b></p> <p><b>0700</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO            _____ Initials            _____ Unit</p> <p><b>1900</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO            _____ Initials            _____ Unit</p>

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