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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	SEVERE / COMPLICATED PNEUMONIA - CLINICAL PATHWAY: DAY 1	PAGE 1 of 2
			NO PCP, TB, Aspiration	(Military Time)
			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.	
			CXR PA & Lateral	
			EKG	
			VS every 4 hrs X 24 hrs; then every shift	
			Document Pulmonary Assessment every shift	
			RESPIRATORY THERAPY:	
			O2 saturation by oximetry on room air at admission. If less than 95%, do blood gases	
			O2 therapy as indicated after ABG _____ O ₂ by _____	
		IV Heparin Lock		
		FLUIDS: _____ @ _____ ml /		
		MEDICATIONS:		
		If Temp > 102 ° F and if Patient is uncomfortable:		
		_____ Motrin 600 mg po every 8 hrs prn		
		_____ Tylenol 650 mg po every 4 - 6 hrs prn		
	FAXED BY/TIME: _____	TIME NOTED: _____	Doctor's Signature _____, MD Date _____	
			Nurse's Signature / Title _____	

Military Time > >

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PART OF THE MEDICAL RECORD

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Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	SEVERE / COMPLICATED PNEUMONIA - CLINICAL PATHWAY: DAY 3 (Continued)		NO PCP, TB, Aspiration	PAGE 1 of 1
		DATE:	TIME:	(Military Time)	
		DIAGNOSIS: SEVERE / COMPLICATED PNEUMONIA			
		PO ANTIBIOTICS - when afebrile x 24 hrs (< 100 degrees F)			
		_____ Azithromycin (Zithromax) 500 mg PO daily			
		_____ Amoxicillin / Clavulanic Acid (Augmentin) 875 mg PO twice a day			
		_____ Levofloxacin (Levaquin) 750 mg PO daily			
		CXR if indicated			
		CBC if indicated			
		FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____, MD Date _____	
				Nurse's Signature / Title _____	

PATIENT IDENTIFICATION

Military Time >>

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