Your Hospital's Logo Here

## 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.

PAGE 1 of 2

	Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	HEALTHCARE ASSOCIATED PNEUMONIA
			DATE: TIME:
			ACTIVITY: BR with BRP, HOB elevated
			ALLERGIES:
			DIET:
			LABS & TESTS:
			CBC with differential daily
			2. BMP daily
			3. Blood Cultures X 2 (separate sticks)
			4.
			☐ Deep Tracheal aspirate for gram stain, culture and sensitivity
7			
9			CXR PA & Lateral stat
PATIENT IDENTIFICATION			EKG
			VS as per unit routine
			Document Pulmonary Assessment every 4 hours
			RESPIRATORY THERAPY:
			O2 saturation by oximetry on room air at admission. If less than 95%, do blood gases
			O2 therapy as indicateed after ABG or oxemerty O2 by
			Continuous O2 saturation monitoring by oximetry. If less than 90%, notify PMD
			MUCOLYTICS / BRONCHODILATORS vis NEBULIZER:
			OPTION #1 - Albuterol 1 unit dose every 4 hours, and:
			Atrovent 1 unit dose every 4 hours
			OPTION #2 - Xopenex 1.25 mg every 8 hours, and:
			Atrovent 1 unit dose every 8 hours
			Acetylcysteine 2 ml of 20% every 4 hours
			ANTIBIOTICS - Start after Cultures
			(Dosage adjustment required for Patients with Renal Insufficiency)
FAXED BY/TIME:	TIME NOTED	:	Doctor's Signature,MD Date
			Nurse's Signature / Title

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

## PART OF THE MEDICAL RECORD

Military Time > >

Your Hospital's Logo Here

## 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.

PAGE 2 of 2

	Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	HEALTHCARE ASSOCIATED PNEUMONIA
			DATE: TIME:
			ANTIBIOTICS - Start after Cultures
			(Dosage adjustment required for Patients with Renal Insufficiency)
			OPTION #1 - Cefepime 2 gm IV every 8 hours, and:
			Levaquin 750 mg IV every 24 hours, and:
			Vancomycin 1 gm IV every 12 hours
			OPTION #2 - Imipenem 1 gm IV every 8 hours, and:
			Levaquin 750 mg IV every 24 hours, and:
			Vancomycin 1 gm IV every 12 hours
			OPTION #3 - Zosyn 4.5 gm IV every 6 hours, and:
			Levaquin 750 mg IV every 24 hours, and:
			Vancomycin 1 gm IV every 12 hours
			OPTION #4 - (Beta Lactam Allergic Patients)
			Aztreonam 2 gm IV every 8 hours, and:
IFI(			Levaquin 750 mg IV every 24 hours, and:
Z			Vancomycin 1 gm IV every 12 hours
NT IDE			
			If Patient's Temperature is greater than 102 degrees:
TE			Tylenol 650 mg PO every 4-6 hours PRN, -or-
ΡA			☐ Ibuprofen 600 mg PO every 8 hours PRN
			NOTES:
			Zyvox (Linezolid) is an alternative to Vancomycin, but requires approval from an Infectious Disease Specialist.
			Consider Aminoglycosides for presumed resistance and culture susceptibility.
			ABX choices / dosages should be based on specific clinical assessment of patient.
FAXED BY/TIME:	TIME NOTED	:	Doctor's Signature,MD Date
			Nurse's Signature / Title

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

## PART OF THE MEDICAL RECORD

Military Time > >