Palm Drive Hospital

PNEUMONIA ADMIT ORDERS

Check box to activate order

ADMISSION INFORMATION Ht:_______ Wt:_______	Admit to: ☐ **HOSPITALIST SERVICE** and/or ☐ Dr. ___________________________ ☐ MedSurg ☐ ICU (see Critical Care Auth sheet) ☐ Tele (see Tele Standing Orders) Diagnosis Pneumonia: ☐ Community-acquired ☐ Aspiration ☐ Nosocomial Secondary Diagnoses:_______________________________ **Allergies:** ☐ NKA ☐ Penicillin ☐ Sulfa ☐ Other_______________________ Condition: ☐ stable ☐ fair ☐ guarded ☐ critical Code Status: (see Goldenrod) Advance Directives: ☐ on chart ☐ completed at office – please call for copy ☐ unknown
REFERRALS	☐ Discharge Planning ☐ Financial Services ☐ PT ☐ OT ☐ Speech ☐ Dysphagia ☐ Wound/Ostomy Care RN ☐ Social Services ☐ Other:_______________________ Integrative Health: ☐ Integrative Medical Consult ☐ All OK PRN pt request ☐ Acupuncture ☐ Guided Imagery/Hypnosis ☐ Massage therapy ☐ Music Care ☐ Osteopathy
NURSING CARE	VS: ☐ Per unit Protocol ☐ Every _____ hours ☐ I&O daily ☐ weigh daily ☐ Foley catheter—UA dip to Lab with insertion ☐ Reposition patient every 2 hours Activity: ☐ BRP ☐ OOB to chair every _________ ☐ ambulate as tolerated ☐ HOB ↑ 30^0 ☐ Notify physician if: HR <60 or >120 ■SBP <80 or >160 ■DBP >100 ■RR <8 ■Temp >101.5 ■SpO2 <90% ■Urine Output <20 ml/hr X 2 hours **OR** ☐ Notify physician if: ■HR <_ ____ or > _____ ■SBP < _____ or > _____ ■DBP < _____ or > _____ ■RR < _____ or > _____ ■Temp > ___________ ■SpO2 < _____% ■Urine Output < _______ ml/hr Patient Education: Smoking Cessation (if patient has smoked within last 12 months)
LAB	☒ If not done in ED, Blood Culture x 2 different sites (collect before antibiotics) ABG On Admit: (if not done in ED) ☐ CBC ☐ Manual diff ☐ BMP ☐ CMP ☐ D-Dimer ☐ B-type Natriuretic Peptide ☐ Other_______________________ ☐ Sputum Gm Stain and C&S AM Labs:_______________________ Daily Labs:_______________________
X-RAY	☐ CXR PA/Lat ☐ CXR Portable AP ☐ Other_______________________
DIETARY	☐ Dietary consult ☐ NPO ☐ Clear Liquids ☐ Full Liquids ☐ Regular ☐ _______ Gm Sodium ☐ _________ calories ADA ☐ Encourage fluids ☐ Other_______________________
RESPIRATORY CARE	☐ SpO2 ☐ every shift ☐ every am ☐ with ambulation on room air ☐ EKG; notify physician of ST-segment elevation or new LBBB ☐ O2 via ________@________LPM and titrate to maintain SpO2 $\geq$ 92% or _______% Incentive Spirometer 5-10 times every 1-2 hours WA ☐ Cough and deep breathe every 2 hours WA ☐ Advair _____mcg/_____mcg by Dry Powder Inhaler, 1 inhalation BID. ☐ Spiriva (18mcg) 1 capsule by Dry Powder Inhalation daily ☐ CPT every _______________ ☐ Suction ___________________________ ☐ BIPAP: RR______ I______cm E_____cm @ _______ liter/min and initiate BIPAP protocol ☐ Vent (see Ventilator Orders) ☐ ALBUTEROL 2.5mg by HHN every _____ hours PRN SOB, wheezing, or desaturation ☐ IPRATROPIUM (Atrovent) 0.5mg by HHN 4 times daily PRN SOB wheezing, or desaturation ☐ IPRATROPIUM/Albuterol (Duoneb) by HHN every _____ hours PRN SOB, wheezing, or desaturation ☐ Levalbuterol (Xopenex)1.25mg by HHN _____hours PRN SOB, wheezing, or desaturation OR ☐ ALBUTEROL 90mcg MDI with spacer 2-4 puffs every ____ hours PRN SOB, wheezing, or desaturation ☐ IPRATROPIUM (Atrovent) MDI 17mcg with spacer 2-4 puffs 4 times daily PRN SOB, wheezing, or desaturation ☐ IPRATROPIUM/Albuterol (Combivent) MDI 1-2 puffs every _____ hours PRN SOB, wheezing, or desaturation
IV	☐ Saline lock ☐ ______________________________ to run at ___________ml/hour ☐ PICC consult/protocol
VACCINES	Influenza vaccine: per Influenza Vaccination Screening & Administration Protocol Pneumonia vaccine: per Pneumococcal Vaccination Screening & Administration Protocol

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INFECTION PREVENTION	☐ Isolation Precautions—for:________________________ **MRSA LEGAL REQUIREMENTS:** ☑ MRSA NARES SCREEN ON *ADMIT* if: Discharged from an acute care hospital within past 30 days; **OR** Transferred from a nursing facility; **OR** Admission to ICU (one screen per hospital stay) ☐ Positive MRSA History—Do not test. Start Glove Precautions. ☑ MRSA NARES SCREEN ON *DAY OF DISCHARGE* if Palm Drive LOS > 10 days **AND** patient was in ICU. **CULTURES:** ☐ wound ☐ aspiration closed wound ☐ sputum (PNA) ☐ U/A with UTI symptoms/Hx ☐ Blood **DIARRHEA:** (3 or more unformed stools in past 24 hours)—NOTIFY I.P. x4386 and send stool for C-Difficile Other etiologies: ☐ Bacterial (stool culture) ☐ Norovirus ☐ Parasites x3 (O&P) rate ☐ Other:__________
ANTIBIOTIC Empiric Antibiotic Orders- Initial Therapy -1st 24 Hours	**COMMUNITY ACQUIRED: NON-ICU PATIENTS *ONLY*** (typical/atypical bacteria suspected) ☐ Ceftriaxone (Rocephin) 1 gm IV daily **PLUS** Azithromycin (Zithromax) 500 mg po daily x 5 doses ☐ Levofloxacin (Levaquin) 750 mg IV daily
	COMMUNITY ACQUIRED: ICU PATIENT *ONLY* (typical/atypical bacteria suspected) ☐ Levofloxacin (Levaquin) 750 mg IV daily (pharm to adjust dose based on serum creat) **PLUS** Ceftriaxone (Rocephin) 1 gm IV daily **OR** ☐ Cefepime (Maxipime) 2 gm IV BID **PLUS** Azithromycin (Zithromax) 500 mg IV daily ☐ IF anaphylactic Beta Lactam allergy: Levofloxacin (Levaquin) 750 mg IV daily PLUS Aztreonam (Azactam) 1 gm every 8 hours
	ASPIRATION SUSPECTED: ☐ Ertapenem (Invanz) 1 gm IV daily **OR** ☐ Ceftriaxone (Rocephin) 1 gm IV daily **PLUS** Clindamycin (Cleosin) 900 mg IV every 8 hrs
	NOSOCOMIAL: (Healthcare acquired and/or pseudomonal risk) ☐ Piperacillin/Tazobactam (Zosyn) 4.5 gm IV every 8 hrs **PLUS** Levofloxacin (Levaquin) 750 mg IV daily **OR** ☐ Cefepime (Maxipime) 2 gm IV BID **PLUS** Levofloxacin (Levaquin) 750 mg IV daily **PLUS** Tobramycin dose per pharm protocol **OR** ☐ Cefepime (Maxipime) 2 gm IV BID **PLUS** Azithromycin (Zithromax) 500 mg IV/PO daily **PLUS** Tobramycin dose per pharm protocol
	***ONLY First 24 Hours if* MRSA SUSPECTED (definition = Gram stain with Gram + Cocci):** ☐ Vancomycin 1 gm IV now, then further doses per pharmacy protocol
Glycemic Control	☐ Notify physician if AM fasting blood sugar is > 140 ☐ Sliding Scale Insulin (See sliding scale order sheet) or ☐ Intensive Insulin Protocol **(ICU only – see order sheet)**
Peptic Ulcer Prophylaxis	☐ FAMOTIDINE (Pepcid) 20 mg PO/IV BID ☐ PANTOPRAZOLE (Protonix) 40 mg PO/IV daily
Pain	☐ ACETAMINOPHEN (Tylenol) 650 mg PO/PR every 4 hours PRN mild pain (≤ 3/10), temp > 101 (max daily dose=4gms) ☐ Hydrocodone/Acetaminophen (Norco) 5/325mg 1 tab PO every 4 hours PRN mild to moderate pain (< 5/10) ☐ Hydrocodone/Acetaminophen (Norco) 5/325mg 2 tabs PO every 4 hours PRN moderate to severe pain (≥ 5/10) ☐ MORPHINE SULFATE 4mg IV every 2 hours PRN pain ≥ 5/10 or NPO
Nausea/ Vomiting	☐ PROCHLORPERAZINE (Compazine) 10mg PO every 6 hrs or 25mg supp every 12 hrs PRN nausea ☐ DOLASETRON (Anzemet) 12.5 mg IV every 6 hrs PRN nausea or vomiting ☐ METOCLOPRAMIDE (Reglan) 10mg IV every 6 hrs PRN nausea or vomiting ☐ ONDANSETRON (Zofran) 4mg IV every 6 hrs PRN nausea or vomiting
Bowel Care	☐ Follow PDH "Bowel Care Protocol" DOCUSATE SODIUM (COLACE) 250 mg PO daily BISACODYL (Dulcolax) 10mg Supp PR daily PRN constipation MOM 30 ml PO daily PRN constipation/Fleet Enema daily PRN constipation
SLEEP	☐ TEMAZEPAM (Restoril) 15mg PO every HS PRN insomnia MR X1 in 1 hr if needed ☐ TEMAZEPAM (Restoril) 7.5 mg PO (recommended for ≥ 65 years) every HS PRN insomnia MR X1 in 1 hr if needed ☐ ZOLPIDEM (Ambien) 5mg PO HS PRN insomnia MR X1 in 1 hr
ANXIETY	☐ ALPRAZOLAM (Xanax) 0.25mg PO every 6 hours PRN anxiety OR ☐ LORAZEPAM (Ativan) __________mg IV / PO (circle one) every _____ hrs PRN anxiety

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VTE Prophylaxis	PATIENT CATEGORY / RISK FACTORS	RISK	PROPHYLAXIS METHOD
	Patient is < 40 years old & no additional risk factor (See High Risk below)	LOW	☐ No specific measures; early ambulation
	Patient 40-60 years with limited mobility and no additional risk factor (see High risk below)	Mod	☐ Sequential compression device **OR** ☐ TED hose **OR** ☐ Enoxaparin 40mg subQ daily x 10 days **OR** ☐ Heparin 5,000 units subQ every 8 hours x 10 days
	Patient >60 yrs or any risk factor such as: CHF, MI, resp. failure, trauma (major or lower extremity), cancer, infection, restricted mobility, ICU admit, obesity, surgery, varicose veins, prior DVT/PE, chronic lung disease, inflammatory bowel disease, smoking, HRT use, pregnancy current or recent.	HIGH	☐ Sequential compression device **OR** ☐ TED hose **PLUS** ☐ Enoxaparin 40mg subQ daily x 10 days **OR** ☐ Heparin 5,000 units subQ every 8 hours x 10 days
	Contraindications to anticoagulation therapy • No mechanical prophylaxis due to: ☐ bilateral amputee ☐ lower extremity trauma • No anticoagulation at this time due to: ☐ pharmacological VTE prophylaxis: ☐ platelet count <100,000/mm ☐ on warfarin prior to admit ☐ active bleeding (GI bleed) ☐ cerebral hemorrhage ☐ CVA ☐ retroperitoneal bleeding ☐ bleeding risk ☐ HIT ☐ lumbar puncture within 24 hrs ☐ epidural cath within 24 hours ☐ hypersensitivity to Heparin or Enoxaparin. ☐ patient refusal ☐ other:____________________	EXCEPTION	☐ Sequential compression device **OR** ☐ TED hose

OTHER	
	☐ Multivitamin with minerals 1 tab PO daily ☐ PPD ☐ PPD with Candida control (HIV expected) ☐ Magnesium Hydroxide (Maalox) 30ml PO every 4 hrs PRN indigestion ☐ Nicotine Patch: ☐ 7mg daily ☐ 14mg daily ☐ 21mg daily ☐ ____________________ ☐ ____________________ ☐ ____________________ ☐ ____________________ ☐ ____________________ ☐ ____________________ ☐ ____________________ ☐ ____________________

Physician Signature:____________________ Date:__________ Time: __________

Transcriber Signature:____________________ Date:__________ Time: __________