



Patient Identification Information

SISTERS OF CHARITY HOSPITAL • Buffalo, NY  SISTERS OF CHARITY HOSPITAL ST JOSEPH Campus • Cheektowaga, NY  
 KENMORE MERCY HOSPITAL • Kenmore, NY  MERCY HOSPITAL • Buffalo, NY  MERCY HOSPITAL Orchard Park division • Orchard Park, NY

**Allergies and Sensitivities:**

No Known Allergies  (Indicates automatic order. MD to draw line through orders to discontinue)

**Pneumonia/Decompensated Respiratory Status Admission Orders**

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Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Prescriber Orders**

**Level of Care:** Admit to:  Observation  Ambulatory surgery (ASU)  Inpatient  
**Location:**  Med Surg  Telemetry (Indication) \_\_\_\_\_  Critical Care Unit  
**Diagnosis:**  COPD  Asthma  Pneumonia

Admitting Physician: \_\_\_\_\_

Consultation: \_\_\_\_\_

Obtain Health Care Proxy if not available.  Old record to floor.

Vital signs q 4 Hr X 24 hours, then every 8 Hr.

Oxygen at \_\_\_\_\_ L/min \_\_\_\_\_ %. Monitor O2 Sats and titrate per protocol.

**1. DIET:**

As tolerated  
 Regular  
 Other: \_\_\_\_\_

**2. ACTIVITY:**  OOB to chair, increase activity as tolerated.

**3. PHYSICAL THERAPY:**  Evaluation and treatment.

**4. VENOUS THROMBOEMBOLISM (VTE) PRECAUTIONS: (May select more than one)**

Sequential Compression Device **and/or**  
 Heparin 5,000 units subcutaneously every 8 hours  
 Heparin 5,000 units subcutaneously every 12 hours  
 Enoxaparin (Lovenox) 40 mg subcutaneously daily  
 Other \_\_\_\_\_  
 No VTE Prophylaxis (Reason:  Not a candidate  Contraindicated  Other \_\_\_\_\_)

**5. INTRAVENOUS SOLUTIONS:**

Saline trap  IV \_\_\_\_\_ at \_\_\_\_\_ mL / hour

**6. MEDICATIONS:**

Methylprednisolone (Solu-Medrol) \_\_\_\_\_ mg IV every \_\_\_\_\_ hours; evaluate for change to PO when appropriate.  
 Albuterol (Ventolin) 2.5 mg via HHN every \_\_\_\_\_ and every 2 hours prn for SOB and/or wheezing.  
 Ipratropium (Atrovent) 0.5 mg via HHN every \_\_\_\_\_  
 Other \_\_\_\_\_ every \_\_\_\_\_

**Antibiotics:**

**Community Acquired Pneumonia Non-ICU Patient:**

Ceftriaxone (Rocephin) 1gram IV q 24 h + azithromycin (Zithromax) 500mg IV q 24 h

**OR**

Ceftriaxone (Rocephin) 1gram IV q 24 h + azithromycin (Zithromax) 500mg PO q 24 h

**If patient has a severe penicillin allergy or a cephalosporin allergy, please choose one of the following:**

Levofloxacin (Levaquin) 750 mg IV q 24 h

Levofloxacin (Levaquin) 750 mg PO q 24 h

**Community Acquired Pneumonia ICU Patient:**

Ceftriaxone (Rocephin) 1 gram q 24 h + IV azithromycin (Zithromax) 500 mg IV q 24 h

**If patient has a severe penicillin allergy or a cephalosporin allergy, please choose one of the following**

Levofloxacin (Levaquin) 750 mg IV q 24 h + aztreonam (Azactam) 1 gram IV q 8 h

**Prescriber Signature:** \_\_\_\_\_



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**Pneumonia/Decompensated Respiratory Status Admission Orders** page 2 of 2

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**Antibiotics Cont.:**

**Community Acquired Pneumonia with a high risk for *Pseudomonas* Non-ICU & ICU Patient:**

**\*\*If choosing one of these regimens, please document in your H&P or progress note that the patient is at high risk for *Pseudomonas***

Cefepime (Maxipime) 2 grams IV q 12 h + levofloxacin (Levaquin) 750 mg IV q 24 h

**OR**

Piperacillin / tazobactam (Zosyn) 4.5 gm IV q 6 h + Levofloxacin (Levaquin) 750mg IV q 24 h

**If patient has a severe penicillin allergy or a cephalosporin allergy:**

Aztreonam (Azactram) 1 gram IV q 8 h + levofloxacin (Levaquin) 750 mg IV q 24 h + tobramycin 5 mg/kg IV x1 dose [3mg/kg dose if serum creatinine > 1.9]

**If patient has a quinolone allergy:**

Cefepime (Maxipime) 2 gram IV q 12 h + azithromycin (Zithromax) 500 mg IV q 24 h + tobramycin 5mg/kg IV x1 dose [3mg/kg dose if serum creatinine > 1.9]

**\*\*Pharmacy may automatically adjust antibiotic dose / dosing interval based upon age, weight, & renal function.**

**Other Medications:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**7. STUDIES: If not done in the ED**

CBC     CMP     ABG

**Cultures:**

- Urine
- Blood X 2 prior to administration of antibiotics
- Sputum

**Urine:**

- Legionella Antigen
- Streptococcus Pneumonia Antigen

**Other:**

- EKG
- X-ray chest
- \_\_\_\_\_
- \_\_\_\_\_

**8. REFERRALS:**

Smoking Cessation Education     Other \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_