DOCTOR'S ORDER SHEET

PATIENT ALLERGIC TO:

UNAPPROVED ABBREVIATIONS--DO NOT USE THE FOLLOWING:

The use of an unnecessary trailing zero — The use of a leading decimal point

The use of an abbreviation for Morphine or Magnesium Sulfate — QOD qod IU U QD qd

ORDERED DATE	ORDERED HR	
		Pneumonia-Page 1 Approved 4/2019
		1. Respiratory
		☐ Arterial Blood Gas- Routine
		☐ RT Incentive Spirometry Set Up-PRN
		RT Pulse Oximetry Evaluation: ☐ ONCE
		RT Oxygen Administration: ☐ OXYGENCONT ☐ PRN
		2. **Radiology**
		2 view x-ray recommended when feasible
		☐ Chest 2 View [XR]-Routine
		☐ Chest Portable 1 view [XR]-Routine
		3. **Lab/Culture**
		☐ Culture, Sputum- Routine ☐ Procalcitonin: NOW and Daily x2
		☐ Culture, Blood- Routine ☐ Urine Legionella Antigen
		4. **Probiotics**
		IDSA Guidelines state there is insufficient data at this time to recommend probiotics for primary
		prevention of CDI. Studies suggest they may be effective.
		☐ Saccharomyces Boulardii 250mg PO BID
		5. **Other Medication Orders**
		☐ Albuterol Updrafts Q4H scheduled
		☐ Albuterol Updrafts Q6H scheduled
		☐ Albuterol Updrafts Q2H prn shortness of breath
		☐ Albuterol/ipratropium Updrafts Q4H scheduled
		☐ Albuterol/ipratropium Updrafts Q6H scheduled
		☐ Albuterol/ipratropium Updrafts Q4H prn shortness of breath
		☐ Mucomyst IPV q6h scheduled
		☐ Albuterol IPV q6h scheduled
		☐ Guaifenisin 600 mg po BID
		☐ Guaifenisin 200 mg per tube Q6H
		6. **Antibiotics**
		Aspiration Event
		If event occurs within 72hrs of admission and patient needs antibiotics, see community-acquired
		pneumonia.
		If event occurs 72hrs after admission or patient is from a skilled nursing facility and patient needs
		antibiotics, see HAP options. Additonal anaerobic or atypical coverage is not necessary.
		MD Signature — Time / Date

UPDATED: March 2010 | **ORDER #: MD087**

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ORDERED DATE	ORDERED HR	
		Pnemonia- Page 2 Approved 4/2019
		Community Aquired Pneumonia (insert world icon)
		Consider adding anti-pseudomonal coverage if patient is from a long-term care facility, has
		significant immunocompromise, recent broad spectrum antibiotic use or structural lung disease.
		(Beta Lactam + Azithromycin/Doxycycline) or Levofloxacin monotherapy.
		Beta Lactam + Azithromycin/Doxycycline
		☐ Ceftriaxone 1g IVPB Q24H
		☐ Azithromycin 500mg PO Q24H
		☐ Doxycycline 100mg PO Q12H
		Pseudomonal Risk + Azithromycin/Doxycycline
		☐ Cefepime 2g IVPB Q8H
		☐ Azithromycin 500mg PO Q24H
		☐ Doxycycline 100mg PO Q12H
		Severe Beta-Lactam Allergy
		☐ Levofloxacin 750mg IVPB Q24H
		If pneumonia is post viral, add Vancomycin
		☐ Vancomycin 1g IVPB X1, Pharmacist Consult for Vancomycin Dosing
		MD Signature — Time / Date

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ORDERED DATE	ORDERED HR	**Pnemonia- Page 3** Approved 4/2019
		Hospital Acquired Pneumonia or Ventilator-Associated Pneumonia
		Treat with Beta-Lactam +/- [aminoglycoside or levofloxacin if severely ill] +/- vancomycin
		Severe Beta-Lactam allergy use Aztreonam. Limit use of meropenem to history of MDR,
		or onset of HAP/VAP while on broad coverage.
		Beta Lactam + Vancomycin
		☐ Cefepime 2g IVPB Q8H
		☐ Vancomycin 1g IVPB X1, Pharmacist Consult for Vancomycin Dosing
		Severe Beta Lactam Allergy + Vancomycin
		☐ Aztreonam 2g IVPB Q8H
		☐ Vancomycin 1g IVPB X1, Pharmacist Consult for Vancomycin Dosing
		Alternative MRSA coverage
		☐ Linezolid 600mg IVPB Q12H
		Optional Additionl Pseudomonal Coverage
		☐ Amikacin 15 mg/kg IVPB X1, Pharmacist Consult for Amikacin Dosing
		☐ Levofloxacin 750mg IVPB Q24H
		MDR History or onset of HAP/VAP while on broad spectrum coverage
		☐ Meropenem 1g IVPB (ext. infusion) Q8H
		☐ Vancomycin 1g IVPB X1, Pharmacist Consult for Vancomycin Dosing
		MD Signature — Time / Date

UPDATED: March 2010 | **ORDER #: MD087**

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