

Hospital-Acquired Pneumonia [2018]

Nursing

Vital Signs

<input checked="" type="checkbox"/> Vital Signs-Per unit Protocol	Routine, Per unit protocol
<input type="checkbox"/> Telemetry	"And" Linked Panel
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94

Activity

<input checked="" type="checkbox"/> Activity (specify)	Routine, Until discontinued, Starting S Specify: Activity as tolerated
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Nursing

<input type="checkbox"/> Intake and output	Routine, Every 8 hours
<input checked="" type="checkbox"/> Pneumococcal and influenza vaccine	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Pneumonia Core Measure	Routine, Until discontinued, Starting S Pneumonia Core Measure requires the first dose of an antibiotic to be administered within 6 hours of admission. If patient does not have IV access AFTER 4 hours of admission, please page MD / NP and recommend: A.) Ceftriaxone 1000mg IM reconstituted with 2.1 mL of lidocaine 1% without epinephrine PLUS Azithromycin 500mg PO STAT OR B.) Levofloxacin 750mg PO STAT OR C.) Moxifloxacin 400mg PO STAT. IV antibiotic regimen will be resumed for the next scheduled dose.
<input type="checkbox"/> Tobacco cessation education	Routine, Once If patient is a current smoker or has smoked in the past 12 months.

Diet

<input type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
<input checked="" type="checkbox"/> Diet -	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

IV Fluids

Medications

PPD Skin Test

<input type="checkbox"/> tuberculin injection	5 Units, intradermal, once, For 1 Doses
Antipyretics (Single Response)	
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, every 4 hours PRN, fever, Fever GREATER than 100.5 F
<input type="checkbox"/> ibuprofen (MOTRIN) tablet	400 mg, oral, every 4 hours PRN, fever, Fever GREATER than 100.5 F

Respiratory

<input type="checkbox"/> albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 4 hours PRN, wheezing Aerosol Delivery Device:
<input type="checkbox"/> ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 4 hours PRN, wheezing, shortness of breath Aerosol Delivery Device:

Antitussives (Single Response)

<input type="checkbox"/> guaifenesin (MUCINEX) 12 hr tablet	1,200 mg, oral, every 12 hours PRN, cough
<input type="checkbox"/> dextromethorphan-guaifenesin (ROBITUSSIN-DM) 10-100 mg/5 mL liquid	10 mL, oral, every 12 hours PRN, cough
<input type="checkbox"/> benzonatate (TESSALON) capsule	200 mg, oral, every 8 hours PRN, cough

Antibacterials for Hospital-Acquired Pneumonia

Antibiotics: Section 1 - Must Select ONE of the Following: (Single Response)

<input type="checkbox"/> cefepime (MAXIPIME) IV	2 g, intravenous, every 8 hours First dose STAT- within an hour- after blood and other cultures obtained. If severe PENICILLIN allergy, substitute aztreonam for cefepime Reason for Therapy:
<input type="checkbox"/> meropenem (MERREM) IV	1 g, intravenous, every 8 hours For suspected ESBL. First dose STAT- within an hour- after blood and other cultures obtained. Reason for Therapy:
<input type="checkbox"/> piperacillin-tazobactam (ZOSYN) IV	4.5 g, intravenous, every 6 hours For suspected pseudomonas. First dose STAT- within an hour- after blood and other cultures obtained. For severe PENICILLIN allergy, substitute aztreonam below. Reason for Therapy:
<input type="checkbox"/> aztreonam (AZACTAM) IV - For Severe Penicillin Allergy	2 g, intravenous, every 8 hours First dose STAT after blood and other cultures obtained. Substitute for severe BETA LACTAM allergy. Reason for Therapy:

Antibiotics: Section 2 - Must Select ONE of the Following: (Single Response)

<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, every 12 hours First dose, STAT- within an hour- after blood and other cultures obtained. For SEVERE Vancomycin allergy, substitute linezolid below. Reason for Therapy:
<input type="checkbox"/> linezolid (ZYVOX) infusion - For patients allergic to VANCOMYCIN	600 mg, intravenous, for 60 Minutes, every 12 hours First dose STAT after blood and other cultures obtained. For patients allergic to VANCOMYCIN. Reason for Therapy:

Optional IV Antibiotics

<input type="checkbox"/> TOBRAMycin (NEBCIN) IV or levofloxacin (LEVAQUIN) IV (Single Response)

<input type="checkbox"/> tobramycin (NEBCIN) IVPB	5 mg/kg, intravenous, once, For 1 Doses First dose STAT after blood and other cultures obtained. Pharmacist to dose 5 mg/kg based on IDEAL BODY WEIGHT. Reason for Therapy:
<input type="checkbox"/> levofloxacin (LEVAQUIN) 750 mg/150 mL IVPB	750 mg, intravenous, for 90 Minutes, every 24 hours First dose STAT after blood and other cultures obtained. Reason for Therapy:
<input type="checkbox"/> metronidazole (FLAGYL) IV	500 mg, intravenous, every 8 hours First dose STAT after blood and other cultures obtained. Reason for Therapy:

Labs

Hematology/Coagulation

<input type="checkbox"/> CBC with differential - STAT	STAT For 1 Occurrences
<input type="checkbox"/> CBC with differential	Once
<input type="checkbox"/> Prothrombin time with INR	Once
<input type="checkbox"/> D-dimer, quantitative	Once

Chemistry - HMM

<input type="checkbox"/> Basic metabolic panel	Once
<input type="checkbox"/> Comprehensive metabolic panel - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Comprehensive metabolic panel	Once
<input checked="" type="checkbox"/> Influenza antigen	STAT For 1 Occurrences
<input type="checkbox"/> Blood gas, arterial - STAT	STAT For 1 Occurrences
<input type="checkbox"/> HIV Ag/Ab combination	Once
<input type="checkbox"/> Cardiac Labs with Repeat	
<input type="checkbox"/> Troponin I - STAT	STAT For 1 Occurrences
<input type="checkbox"/> Troponin I - Q8hrs x 2	Every 8 hours For 2 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q8hrs x 3	Every 8 hours For 3 Occurrences Draw 8 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 2	Every 6 hours For 2 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q6hrs x 3	Every 6 hours For 3 Occurrences Draw 6 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 2	Every 4 hours For 2 Occurrences Draw 4 hours after previous troponin levels, if applicable.
<input type="checkbox"/> Troponin I - Q4hrs x 3	Every 4 hours For 3 Occurrences Draw 4 hours after previous troponin levels, if applicable.

Urine

<input type="checkbox"/> Streptococcus pneumoniae urinary antigen	Once, Urine
<input type="checkbox"/> Legionella antigen, urine	Once, Urine

Microbiology

<input type="checkbox"/> Blood culture x 2	"And" Linked Panel
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
<input type="checkbox"/> Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

<input type="checkbox"/> Sputum culture	Once, Sputum C&S; Gram Stain is included in the Sputum Culture. Do not wait to give antibiotics if there is any delay in obtaining a sputum sample.
<input type="checkbox"/> Fungus culture	Once
<input type="checkbox"/> AFB stain	Once, Sputum
<input type="checkbox"/> AFB culture	Once, Sputum

Cardiology

12-Lead ECG

<input type="checkbox"/> ECG 12 lead	Routine, Once Clinical Indications: Shortness of Breath Interpreting Physician:
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Imaging

Diagnostic CT

<input type="checkbox"/> CT Chest Wo Contrast	Routine, 1 time imaging For 1
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Diagnostic X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	STAT, 1 time imaging For 1
<input type="checkbox"/> Chest 2 Vw	STAT, 1 time imaging For 1

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Meaningful Use Quality and Core Measures for Pneumonia

Pneumonia Evidence Seen on Chest X-Ray

Measure PN-6 requires that findings of pneumonia on a chest X-ray be documented. Select this order if there is such evidence.

<input type="checkbox"/> Pneumonia finding in chest x-ray	Routine, Once For 1 Occurrences
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Pneumonia Antibiotic Choice

Measure PN-6 requires that one or more of the following exceptions be documented if an antimicrobial therapy regimen other than the recommended empiric therapy is ordered. Select all that apply.

<input type="checkbox"/> The patient is immunocompromised	Routine, Once For 1 Occurrences
<input type="checkbox"/> The patient is at risk for Pseudomonal infection	Routine, Once For 1 Occurrences
<input type="checkbox"/> There is an additional suspected source of infection	Routine, Once For 1 Occurrences

Comfort Measures

Patients are excluded from the measures if receiving comfort measures only (palliative care) on or before hospital day one. Select the order if this applies to this patient.

<input type="checkbox"/> Comfort measures only	Routine, Once
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Additional Orders