

DOWNTIME Physician Order
MED Pneumonia

Drug Allergies: Review patient allergies in power chart or in the electronic medical record (EMR) prior to prescribing / administering medications.		<input type="checkbox"/> Faxed to Pharmacy Date: _____ Init.: _____	Height _____ cm	Weight _____ kg
Clinical Category	Order			Placed in CP
ADT/Communication	<ul style="list-style-type: none"> • Patient Status <ul style="list-style-type: none"> <input type="checkbox"/> Medical Unit Admit as Inpatient <input type="checkbox"/> Medical Unit Admit as 23 Hour Observation <input type="checkbox"/> MICU Admit as Inpatient <input type="checkbox"/> MICU Admit as Inpatient <input type="checkbox"/> History and Physical by House Physician 			
Vital Signs	<ul style="list-style-type: none"> • Vital Signs <ul style="list-style-type: none"> <input type="checkbox"/> QSHIFT, Constant Order, and PRN <i>Comments: Pulse Ox with all VS, Notify Physician SpO2 less than 92%</i> <input type="checkbox"/> Q4HOURS, Constant Order, and PRN <i>Comments: Pulse Ox with all VS, Notify Physician SpO2 less than 92%</i> 			
Activity	<ul style="list-style-type: none"> • Activity as Tolerated Constant Order, with assistance as needed 			
Nutrition	<ul style="list-style-type: none"> • Diet Order House 			
IV Infusions	<input type="checkbox"/> NS 1,000 ML, IV, 2 Dose(s), Rate: 80 mL/hr <input type="checkbox"/> 1/2 NS 1,000 ML, IV, 2 Dose(s), Rate: 80 mL/hr <ul style="list-style-type: none"> • Saline Lock Peripheral with Saline Flush QShift and PRN-(pull Standard IV Catheter Flush Orders 217663X) 			
Medications	<ul style="list-style-type: none"> • Healthcare Associated Pneumonia (HCAP) - Risk for Pseudomonas <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes, Nursing Home Patient <input type="checkbox"/> Yes, Nosocomial Pneumonia <input type="checkbox"/> Yes, Malnutrition <input type="checkbox"/> Yes, Struct lung dis/Chronic steroid/abx <input type="checkbox"/> Yes, Immunosuppression <input type="checkbox"/> Yes, Nursing Home Patient Yes, Malnutrition <input type="checkbox"/> Yes, Nursing Home Patient Yes, Malnutrition Yes, Immunosuppression <input type="checkbox"/> Yes, Nursing Home Patient Yes, Malnutrition Yes, Immunosuppression Yes, Nosocomial Pneumonia • Misc Nursing Task Must obtain 2 sets, Blood cultures prior to starting antibiotics <hr/> <p><u>Antibiotics</u></p> <p><input type="checkbox"/> Non ICU Patient - Pneumonia SUBPHASE</p> <p>Antibiotic Selection 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> ceftriaxone 2g, Injection, IV Q 24 hrs, Routine start T;N <input type="checkbox"/> ceftriaxone 1g, Injection, IV Q 24 hrs, Routine start T;N – if older than 65 <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> azithromycin 500 mg Injection, IV Piggyback, Q 24 hrs, infuse over 60 mins. <p>OR</p> <p>Use Selection 2 if allergic to macrolides or if patient has received Zithromax in the last 2 months</p> <p>Antibiotic Selection 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> moxifloxacin 400 mg Injection, IV, Q 24 hrs, Routine start: T;N 			

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Medications continued	<p><input type="checkbox"/> ICU Patient w/NO Pseudomonal Risk - Pneumonia SUBPHASE Antibiotic Selection 3 <input type="checkbox"/> ceftriaxone 2g, Injection, IV Q 24 hrs, Routine start T;N <input type="checkbox"/> ceftriaxone 1g, Injection, IV Q 24 hrs, Routine start T;N – if older than 65 AND <input type="checkbox"/> azithromycin 500 mg Injection, IV, Q 24 hrs, start T;N OR Use Selection 4 if allergic to macrolides or if patient has received Zithromax in the last 2 months <input type="checkbox"/> moxifloxacin 400 mg Injection, IV, Q 24 hrs, Routine start: T;N Antibiotic Selection 4 <input type="checkbox"/> ceftriaxone 2g, Injection, IV Q 24 hrs, Routine start T;N <input type="checkbox"/> ceftriaxone 1g, Injection, IV Q 24 hrs, Routine start T;N – if older than 65 AND <input type="checkbox"/> moxifloxacin 400 mg Injection, IV, Q 24 hrs, Routine start: T;N OR Use Selection 5 if allergic to Cephalosporins Only Antibiotic Selection 5 <input type="checkbox"/> moxifloxacin 400 mg Injection, IV, Q 24 hrs, Routine start: T;N AND <input type="checkbox"/> aztreonam 1g, IVPB, IV Q 8 hrs, Routine start T;N</p>	
	<p><input type="checkbox"/> Any Patient with Pseudomonal Risk - Pneumonia Subphase Antibiotic Selection 6 <input type="checkbox"/> Zosyn 3.375g, IVPB, IV Piggyback, Q 6 hrs, infuse over 30 mins. Start STAT AND <input type="checkbox"/> tobramycin IV – pharmacy to dose, start STAT AND <input type="checkbox"/> azithromycin 500 mg Injection, IV, Q 24 hrs, Routine, start T;N OR Use Selection 7 if patient has a TRUE allergy to PCN or macrolides Antibiotic Selection 7 <input type="checkbox"/> aztreonam 1 g, IVPB, IV, Q 8 hrs, Routine, start: T;N AND <input type="checkbox"/> moxifloxacin 400 mg Injection, IV, Q 24 hrs, Routine start: T;N AND <input type="checkbox"/> tobramycin IV – pharmacy to dose, start STAT</p>	
	<p>VTE Prophylaxis VIEW RELATED RESULTS FOR VTE RISK / SCORE – (pull VTE Prophylaxis order 161628X) <input type="checkbox"/> Contraindication to Pharmacologic Prophylaxis <input type="checkbox"/> <i>Contraindication, to Pharmacologic Prophylaxis</i> <input type="checkbox"/> <i>Currently on, anticoagulant (Lovenox, Heparin, Coumadin, Argatroban or Arixtra)</i> <input type="checkbox"/> LOW RISK VTE - SUBPHASE(SUB)* <input type="checkbox"/> MODERATE RISK VTE - Lovenox ONLY - SUBPHASE(SUB)* <input type="checkbox"/> MODERATE RISK VTE - SCDs ONLY - SUBPHASE(SUB)* <input type="checkbox"/> HIGH RISK VTE - Lovenox AND SCDs - SUBPHASE(SUB)* Insulins <input type="checkbox"/> MED Sliding Scale Insulin – (pull SSI Sliding Scale Insulin Order 163284X) PRN Medications <input type="checkbox"/> RAMO PRN Medications SUBPHASE – (pull RAMO order 217243X)</p>	

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Laboratory	<p>Blood Cultures if not done in ED</p> <ul style="list-style-type: none"> • Blood Cultures x 2 sets, 15 minutes apart • RESP SPUTUM CULTURE <i>NURSE COLLECT, Specimen type: Sputum</i> <i>Comments: if not done in ED</i> <p> <input type="checkbox"/> CBCWD STAT <input type="checkbox"/> CBCND ROUTINE, T+1;0500 <input type="checkbox"/> COMPMETA STAT <input type="checkbox"/> BASICMETA ROUTINE, T+1;0500 <input type="checkbox"/> ABG STAT <input type="checkbox"/> UA <i>NURSE COLLECT</i> <input type="checkbox"/> URINE CULTURE <i>NURSE COLLECT</i> </p>	
Radiology	<p><input type="checkbox"/> XR CHEST 2V PA LAT STAT, PNEUMONIA</p>	
Respiratory	<ul style="list-style-type: none"> • Oxygen Therapy <ul style="list-style-type: none"> <input type="checkbox"/> Nasal Cannula, 2L, Constant Order <input type="checkbox"/> Nasal Cannula, 2-3L, Constant Order • Nasal Cannula, 3-5L, Constant Order 	

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