

Community Acquired Pneumonia - CAP Admission

Order Set Directions:

 = Performance Indicator

(√)-Check orders to activate. Orders with a pre-checked box will be followed unless lined out.
Initial every order page & Sign, date, and time the last page.

Inpatient OSU (Observation)

Ht _____ Wt _____

To the service of Dr. _____

Diagnosis

• Secondary: _____

Code Status

Code Level I (Full Code) Code Level II _____ Code Level III (DNR)

Allergies

NKDA _____

Vital Signs

- Routine
- Every 4 hours
- Bedside glucose 4 times a day
- Telemetry
- Other _____

Activity

- Up to chair _____
- Activity as tolerated
- Bed rest
- With assistance
- Ambulate _____ For DVT Prophylaxis
- Bed rest with bathroom privileges

Diet

- Regular diet
- 1800 calorie consistent carbohydrate
- Other _____

IV Fluids

- Saline Lock
- Sodium Chloride 0.9% 1000mL @ rate _____ mL/hr
- IV Fluids: _____ @ _____ mL/hr

Diagnostic Tests (If not already done)

Radiology

- Chest x-ray reason for exam: pneumonia

Provider initials: _____




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Respiratory

- Pulse oximetry _____ 
- Arterial blood gas
- Oxygen per cardiopulmonary (protocol #O2)
- Oxygen administration @ _____ L/min via _____
- Bronchial hygiene

Nebulizers

- albuterol 0.5% inhalation solution (VENTOLIN)
 - 2.5 mg by nebulizer every 4 hours
 - 2.5 mg by nebulizer every 4 hours and PRN for shortness of breath or wheezing
- ipratropium 0.02% inhalation solution (ATROVENT)
 - 0.5 mg by nebulizer every 8 hours
- levalbuterol inhalation solution (XOPENEX)
 - 0.63 mg by nebulizer 3 times a day
 - 0.63 mg by nebulizer 3 times a day and PRN for shortness of breath or wheezing
 - 1.25 mg by nebulizer 3 times a day
 - 1.25 mg by nebulizer 3 times a day and PRN for shortness of breath or wheezing

Antibacterial Agents

Macrolides

- azithromycin (ZITHROMAX)
 - 500 mg IV every 24 hours
- AND**


Cephalosporins, 3rd-Generation

- cefTRIAxone (ROCEPHIN)
 - 1 gram IV every 24 hours

OR

Quinolones

- levofloxacin (LEVAQUIN)
 - 750 mg IV every 24 hours

- Administer antimicrobial therapy on admission 
- **Consider the possibility of aspiration pneumonia, pseudomonas or staph-related infections**

Medications

- acetaminophen (TYLENOL)
 - 650 mg PO every 4 hours as needed for mild-to-moderate pain
 - 650 mg PO every 4 hours PRN for fever
 - 1,000 mg PO every 6 hours PRN for mild-to-moderate pain
 - 1,000 mg PO every 6 hours PRN for fever

Other Medication Orders

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Laboratory (if not already done)

Hematology/Chemistry

- Complete blood cell count (CBC)
- C-reactive protein (CRP)
- Basic metabolic panel (BMP)
- Comprehensive metabolic panel (CMP)

Microbiology

- Culture, blood 
- Culture, sputum
- Gram stain, sputum

- Patients with pneumonia should have blood cultures obtained within 24 hours prior to or after hospital arrival 

Urine Studies

- Legionella pneumophila antigen, urine qualitative EIA
- Urine antigen, pneumococcal

Other Orders

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Venous Thromboembolism Prophylaxis (VTE)

Moderate Risk (Score = 2)

Prophylaxis recommended:

- Sequential Compression Devices (SCD)

High Risk (Score 3 or greater)

Prophylaxis recommended:

Recommend Lovenox or Heparin **in addition to** pneumatic compression device

If surgery is anticipated consider heparin vs. Lovenox

- Sequential Compression Devices (SCD)

enoxaparin (LOVENOX)

- 40 milligram subcutaneously once a day
- 30 milligram subcutaneously once a day for CrCl less than 30 mL/min

heparin

- 5,000 unit subcutaneously every 12 hours

Immunizations (if indicated)

influenza virus vaccine, inactivated (AFLURIA; FLUZONE) Evidence

- 0.5 mL intramuscularly once October thru March only

pneumococcal 23-valent vaccine (PNEUMOVAX) Evidence

- 0.5 mL intramuscularly once

Check all factors & total for risk factor score:

- (1) Age 40-60 years
- (1) Leg swelling, ulcers, varicose veins
- (1) Pregnancy or postpartum less than 1 month
- (1) Estrogen therapy/Birth control pills
- (1) Inflammatory bowel disease
- (1) Obesity (greater than 20% over ideal body weight)
- (1) Family history of DVT
- (1) Minor surgery/Anesthesia time less than 1 hour
- (2) Major surgery/Anesthesia time more than 1 hour
- (2) Anticipated bed confinement or immobilization more than 24 hours
- (2) Acute respiratory failure/severe COPD
- (2) Age greater than 60 years
- (3) Malignancy and/or chemotherapy
- (3) Documented history of VTE
- (3) Congestive HF or Myocardial Infarction
- (3) Sepsis
- (5) Stroke with paralysis
- (5) Elective knee or hip arthroplasty
- (5) Hip, pelvis, or leg fracture
- (5) Major trauma or spinal cord injury

Total Risk Score

Anticoagulants not prescribed due to:

- Patient is ambulatory
- Active hemorrhage
- Patient currently on anticoagulants
- Abnormal creatinine clearance
- Epidural /spinal catheter in place
- Patient has heparin induced thrombocytopenia
- Platelet count less than 100,000 mm³
- Severe trauma to head, spinal cord, or extremities with hemorrhage within the last 4 weeks
- Active intracranial lesion/neoplasms/monitoring devices
- Warfarin use in the first trimester of pregnancy
- Coagulopathy (PT greater than 18 sec, INR greater than 2)
- GI/GU hemorrhage within the past 6 months, history of cerebral hemorrhage
- Proliferative retinopathy
- Uncontrolled hypertension (SBP greater than 200, DBP greater than 120, or both)
- End stage liver disease

Provider Signature: _____ Date: _____ Time: _____

