

**This order set is to be used in combination with the General Admission Order Set (HW 141)**

- Orders in this order set supersede the General Admission Order Set. (\*) sections contain diagnosis specific evidenced- based orders that may vary from the general admission orders.

**Antibacterial Agents**

- ALL first doses of ANTIBIOTICS are STAT. ⚠
  - Change antibiotics to oral and narrow spectrum as soon as clinically indicated.
  - Consider discharging patients from the hospital on the day of conversion from IV to oral antibiotics (ie, without an in-hospital observation period after the switch from IV to oral antibiotics)
- Consult to pharmacist to recommend antibiotic dose changes for renal and/ or liver dysfunction

**In a patient with COMMUNITY-ACQUIRED PNEUMONIA (CHOOSE ONE)**

- cefTRIAxone 2 grams IVPB STAT (Done in ER \_\_\_\_\_) then 1 gram IVPB every 24 hours PLUS azithromycin 500 mg IVPB STAT (Done in ER \_\_\_\_\_) then 250 mg orally every 24 hours.
- cefTRIAxone 2 grams IVPB STAT (Done in ER \_\_\_\_\_) then 1 gram IVPB every 24 hours PLUS azithromycin 500 mg IVPB every 24 hours. First dose STAT (Done in ER\_\_\_\_\_)

**In a patient with COMMUNITY-ACQUIRED PNEUMONIA with a Penicillin / Cephalosporin Allergy**

- levofloxacin 750 mg IVPB every 24 hours, first dose STAT (Done in ER \_\_\_\_\_)
- levofloxacin 750 mg IVPB STAT (Done in ER \_\_\_\_\_); then 750 mg orally every 24 hours.

**In a patient with an Penicillin/Cephalosporin Allergy also requiring ICU CARE  
(In addition to above)**

- aztreonam 2 grams IVPB every 8 hours, first dose STAT (Done in ER\_\_\_\_\_)

**In a patient with PSEUDOMONAS RISK and / or RECURRENT INFECTIONS**

- piperacillin-tazobactam 3.375 grams IV every 6 hours, first dose STAT (Done in ER \_\_\_\_\_) PLUS levofloxacin 750 mg IV every 24 hours, first dose STAT (Done in ER\_\_\_\_\_)

**In a patient with PSEUDOMONAS RISK and / or RECURRENT INFECTIONS with a Penicillin / Cephalosporin Allergy**

- levofloxacin 750 mg IVPB every 24 hours, first dose STAT (Done in ER \_\_\_\_\_) PLUS aztreonam 2 grams IVPB every 8 hours, first dose STAT (Done in ER\_\_\_\_\_ ) PLUS tobramycin 7 mg/kilogram IVPB x 1 STAT;
- pharmacokinetic consult to  recommend dosing  to dose

**In a patient with SUSPECTED MRSA INFECTION (In addition to above)**

- For the in-hospital treatment of patients with CAP due to methicillin-resistant Staphylococcus aureus infection, consider adding a linezolid (linezolid has better lung penetration) or vancomycin to other recommended antimicrobial agents. ⚠
- linezolid 600 mg intravenously every 12 hours, first dose STAT
- linezolid 600 mg orally every 12 hours, first dose STAT
- vancomycin \_\_\_\_\_ mg IVPB every \_\_\_\_\_ hours, first dose STAT;
- pharmacokinetic consult to  recommend dosing  to dose

**Nursing**

- Initiate Droplet Precautions-May discontinue precautions per infection control guidelines

**Physician Initials** \_\_\_\_\_

**Please initial each place that a deletion, addition, or strike through has occurred.  
Any change made after initial authentication requires a new order sheet.**

**Community Acquired Pneumonia,  
Adult Supplemental Page 2 of 2****Respiratory Therapy**

- Incentive spirometry, 10 repetitions every 1 hour while awake
- Chest Percussion & Postural drainage to \_\_\_\_\_; Frequency: \_\_\_\_\_
- Avoid chest physiotherapy for patients who do not have underlying problems with mucociliary clearance
- EZ-PAP with nebulizer treatment
- Respiratory therapy to teach MDI and spacer technique

**Laboratory \***

- Culture, blood -times 2 STAT. (Done in ER \_\_\_\_\_) Draw before antibiotics are given
- Gram stain, sputum with culture and sensitivity STAT, (Done in ER \_\_\_\_\_)-Do not hold antibiotic for sputum
  - May induce sputum
- Blood gas, arterial
- Nasal swab for Influenza A and B
- Legionella pneumophila antigen, urine qualitative EIA
- Urine antigen, pneumococcal
- Avoid the routine use of RSV antigen testing

**Radiology \***

- Chest radiography should be performed in patients with suspected CAP
  - Radiograph, chest portable now
  - Radiograph, chest portable in AM
  - Radiograph, chest, 2 views (PA and Lateral) now
  - Radiograph, chest, 2 views (PA and Lateral) in AM

**Physician Signature** \_\_\_\_\_**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

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