**DO NOT USE ABBREVIATION**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Preferred Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>u (for unit)</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>IU (for international unit)</td>
<td>Write “international unit”</td>
</tr>
<tr>
<td>Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)</td>
<td>Write “daily” and “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg) - Note: Prohibited only for medication-related notations</td>
<td>Never write a zero by itself after a decimal point (X mg)</td>
</tr>
<tr>
<td>MS, MSO4, MgSO4</td>
<td>Write “morphine sulfate” or “magnesium sulfate”</td>
</tr>
<tr>
<td>A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears, respectively)</td>
<td>Write “left ear”, “right ear”, or “both ears”</td>
</tr>
<tr>
<td>T.I.W. (for three times a week)</td>
<td>Write “3 times weekly” or “three times weekly”</td>
</tr>
<tr>
<td>μg (for microgram)</td>
<td>Write “mcg”</td>
</tr>
<tr>
<td>Lack of leading zero (X mg)</td>
<td>Always use a zero before a decimal point (0.X mg)</td>
</tr>
</tbody>
</table>

**Generic or Approved Therapeutic Substitution Authorized Unless Noted In Order**

- **Height:** ___________________ in/cm
- **Weight:** ___________________ lbs/kg
- **Allergies:** __________________________________________________________________________________________________________
- **Diagnosis:** __________________________________________________________________________________________________________
- **Admit to ED Attending Physician:**
  - Resident: ___________________
  - Intern: ___________________
  - Location: ___________________
- **Diagnosis:** ___________________
- **Was there a delay in the diagnosis of CAP? (check one)**
  - Yes
  - No
- **All “Yes” answers must have further explanation in the ED record.**
  - If Yes, was it due to the patient’s (check one)
    - Atypical presentation
    - Diagnostic picture not clear; or
    - Clinical picture not clear; or
    - Other: _____________________________
  - (Hospital system delays are not acceptable reason)
- **Diet:** ___________________
- **Activity:** ___________________
- **Respiratory (choose all that are indicated):** (Notify HIV-CAP pathway coordinator at (504) 723-8527 days or (504) 568-3456 nights.)
  - Pulse Oximetry (one time)
  - Pulse Oximetry continuous if O2 saturation < 92%
  - ABG (if O2 saturation < 92% or history COPD/Asthma)
  - Peak Flow if history COPD/Asthma
- **Respiratory Treatment (choose all that are indicated):**
  - Albuterol Nebulizer treatment 2.5 mg every _____ hours x _____ treatments
  - Ipratropium Nebulizer treatment 0.5 mg every _____ hours x _____ treatments
  - Albuterol 2.5 mg and Ipratropium 0.5 mg every _____ hours x _____ treatments
- **Oxygen (choose one if indicated):**
  - Nasal cannula (liters/min.) circle one: ½  1  1½  2  2½  3  4  5
  - Facemask (circle one): 40%  45%  50%  55%  60%  80%  100%
- **Antimicrobials: see Antimicrobial Order Form on page 2**
- **Diagnostics:**
  - Labs (order all three):
    - CMP
    - UPT
    - Other: _____________________________
  - CBC with diff
  - HIV test if > 15 years of age
  - X-Ray (choose one):
    - PA and Lateral Indication
    - Portable AP Indication
  - Cultures (choose all indicated):
    - START ANTIBIOTICS ASAP.
    - Blood Culture 2 sets before antibiotics
    - Sputum for Gram stain, culture and sensitivity.
    - Sputum for AFB smear and culture for patients with x-ray evidence of cavitary lesions or HIV.
- **Miscellaneous (choose all indicated):**
  - Saline IV lock
  - IV Fluids 1 liter (circle one): NS 1/2 NS D:1:NS D:1/2NS @ _______mL/hour
  - EKG
  - Cardiorespiratory monitor
  - Medical records to ED

**Physician’s Signature:** ____________________________________

**Beeper:** ___________________ **Date:** ________ **Time:** ________

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**Louisiana State University Health Care Services Division**
**Interim LSU Public Hospital**

**EMERGENCY DEPARTMENT**
**PHYSICIAN’S ORDERS FOR**
**COMMUNITY-AQUIRED PNEUMONIA PATHWAY**

**PAGE 1 OF 2**
**Allergies:**
- None Known
- Penicillin
- Cephalosporin
- Sulfa
- Other:
- Reaction Type:

**Patient’s Weight: Height:**

<table>
<thead>
<tr>
<th><strong>Empiric Therapy</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>Antimicrobial Order</strong> - Check Box and Circle Route</td>
</tr>
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</table>

**If Non-ICU candidate**
- Ceftriaxone 1 gm IVPB **AND** Azithromycin 500 mg IV

**If penicillin allergy (Type I reaction)**
- Moxifloxacin 400 mg IV

**If ICU candidate (Recent hospital or equivalent admit or recent antibiotics consider consultation.)**

**No Risk for Pseudomonas**
- Ceftriaxone 2 gm IVPB **AND** Azithromycin 500 mg IV

**If penicillin allergy (Type I reaction)**
- Moxifloxacin 400 mg IV (add another non-beta lactam)

**Risk for Pseudomonas non-penicillin allergic**
- Piperacillin-tazobactam 4.5 gms **AND**
- Moxifloxacin 400 mg IV +/-
- Tobramycin 5 mg/kg ___________mg (consult nomogram for subsequent doses)

**Risk for Pseudomonas penicillin allergic**
- Moxifloxacin 400 mg IV **AND**
- Aztreonam 2 gms IV **AND**
- Tobramycin 5 mg/kg ___________mg (consult nomogram for subsequent doses)

**If MRSA is a concern**
- Vancomycin 1 gm IV

**If Aspiration Risk**
- Clindamycin 600 mg IV (not necessary if using piperacillin-tazobactam)

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* Risk for Pseudomonas: significant structural lung disease (bronchectasis) or recent hospitalization especially ICU.
** Risk for MRSA: necrotizing/cavitary lesions, influenza-like prodrome, hemodynamic instability.