

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

<u>DO NOT USE ABBREVIATION</u>	<u>PREFERRED TERM</u>
U (for unit)	Write "unit"
IU (for international unit)	Write "international unit"
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)	Write "daily" and "every other day"
Trailing zero (X.0 mg) - Note: Prohibited only for medication-related notations	Never write a zero by itself after a decimal point (X mg)
MS, MSO4, MgSO4	Write "morphine sulfate" or "magnesium sulfate"
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears, respectively)	Write: "left ear", "right ear", or "both ears"
T.I.W. (for three times a week)	Write "3 times weekly" or "three times weekly"
µg (for microgram)	Write "mcg"
Lack of leading zero (X mg)	Always use a zero before a decimal point (0.X mg)

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 1 ½ 2 2 ½ 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 cavitory lesions or HIV.
 Miscellaneous (choose all indicated):
 Saline IV lock
 IV Fluids 1 liter (circle one): NS 1/2 NS D₅NS D₅1/2NS @ _____ mL/hour
 EKG
 Cardiorespiratory monitor
 Medical records to ED

Physician's Stamp

Physician's Signature: _____

Beeper: _____ Date: _____ Time: _____

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Allergies:

- None Known Penicillin Cephalosporin Sulfa
 Other: Reaction Type:

Patient's Weight: Height:

Empiric Therapy

Antimicrobial Order - Check Box and Circle Route

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)

* Risk for Pseudomonas: significant structural lung disease (bronchiectasis) or recent hospitalization especially ICU.

** Risk for MRSA: necrotizing/cavitary lesions, influenza-like prodrome, hemodynamic instability.

Physician's Stamp

Physician's Signature: _____

Beeper: _____ Date: _____ Time: _____