Physician's Order

(Petaining IV Fluids and Medications)

Admitting Physician

Admit To
- Telemetry
- ICU
- Step Down
- Med/Surg
- Surgical

Diagnosis

__________________________

Condition
- Stable
- Guarded
- Critical

Allergies
- No known drug allergies
- ________________________

Activity
- Bed rest
- Up ad Lib
- Up to chair
- Ambulate with assist only
- Ambulate as tolerated
- HOB 45 degrees
- OTHER: __________

Patient Care
- Vital signs q4Hrs
- Supplemental O2 to keep SaO2 ≥ _______%
- Strict I/O
- Foley Catheter
- Accuchecks ACHS
- Accuchecks q____H
- Other______________________

Intravenous Fluid and Medication Orders

Allergy:

Prophylaxis
- Heparin 5000 units SQ q8H
- Lovenox 40mg SQ q24H
- Protonix 40mg IV q24H
- Protonix 40mg PO q24H
- Omeprazole 20 mg PO/NGT/OGT q24H

Antibiotic Selection
- Pharmacy may renally dose antibiotic per patient renal function

Community Acquired Pneumonia
(Non-ICU admission)
- Levaquin 750mg IV q24H
  OR
  Ceftriaxone 1g IV q24H PLUS
  Azithromycin 500mg IV daily
- Ceftriaxone 1g IV q12H PLUS
  Azithromycin 500mg IV daily

Community Acquired Pneumonia (ICU admission)
- Ceftriaxone 1g IV q24H PLUS
  Azithromycin 500mg IV q24H
  OR
  Levaquin 750mg IV q24H PLUS
  Ceftriaxone 1g IV q24H

Community Acquired Pneumonia (Penicillin Allergy)
- Levaquin 750mg IV q24H PLUS
  Aztreonam 2g IV q8H

Health-Care Associated Pneumonia
If MRSA/Pseudomonas is a concern:
- Intravenous therapy, wound care, or intravenous chemotherapy within 30 days
- Residence in a nursing home or other long-term care facility
- Hospitalization in an acute care hospital for two or more days within 90 days

Adult Pneumonia Admission Order Set
Guam Memorial Hospital Authority
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Revised 4/16 Approved SCC: 3/17/16 MEC: 3/21/16
P&T: 3/17/16 MED: 3/17/16 HIMC: 4/15/16 Form# CPOE-026
**PHYSICIAN’S ORDER**  
(Excluding IV Fluids and Medications)

<table>
<thead>
<tr>
<th>DIET</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPO</td>
</tr>
<tr>
<td>Sodium Controlled (Cardiac)</td>
</tr>
<tr>
<td>ADA 1800 kcal/day</td>
</tr>
<tr>
<td>ADA 2000 kcal/day</td>
</tr>
<tr>
<td>Renal Diet</td>
</tr>
<tr>
<td>Neutropenic Diet</td>
</tr>
</tbody>
</table>

**PROPHYLAXIS**

- Bilateral Lower Extremity SCDs
- Bilateral Lower Extremity TED HOSE

**LABS (if not already collected by ER)**

- Sputum Cultures
- Blood Cultures x2 (2 different sites, 30min apart)
- UA/Urine cultures
- Chem 7
- CBC w/ differential
- Magnesium
- Calcium
- Phosphorous
- Liver Function Tests
- PT/PTT/INR
- ABG
- ______________________
- ______________________

**IMAGING (if not already done in ER)**

- CXR PA/Lateral
- CXR Portable (AP)
- CT chest without contrast
- CT chest with contrast
- Other:

**INTRAVENOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

- (Cont. Health-Care Associated Pneumonia)
  - Attendance at a hospital or hemodialysis clinic within 30 days

**For MRSA coverage**

- Vancomycin 1g IV q12H trough 30 minutes before 4th dose, target trough 15-20 mcg/mL
- Vancomycin pharmacy to dose
- Other ________________

**For Pseudomonas aeruginosa coverage**

- Zosyn 4.5g IV q6H PLUS
  - Levaquin 750mg IV q24H
  - OR
  - Zosyn 4.5g IV q6H PLUS
  - Azithromycin 500mg IV q24H PLUS
  - Aminoglycoside _______ IV q ___ H
  - OR
  - Zosyn 4.5g IV q6H PLUS
  - Levaquin 750mg IV q24H PLUS
  - Aminoglycoside _______ IV q ___ H
  - Other ______________________
  - ______________________
  - ______________________

**Physician:** ______________________

**Date:** ________________  **Time:** ______________________

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**Summary/Blanket orders are unacceptable.**

**Medication orders must be complete.**

**PRN medication orders must include an indication.**

**Write legibly.**

**Rewrite orders upon transfer and/or post-operatively.**

**Date, time, and sign verbal & telephone orders within 48 hours.**

**DO NOT USE:**

- U  MS
- IU  MSO₄
- Q.D.  MgSO₄
- Q.O.D.  Trailig zero
- Lack of leading zero

**PATIENT ID LABEL**

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**Adult Pneumonia Admission Order Set**

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