Observation Pneumonia – CABP

General
› Criteria: confirmed by chest xray, oxygen saturation 89-91%, CURB-65 Score of 2 (1 point each for confusion, BUN greater than 19 mg/dL, respiratory rate greater than or equal to 30, systolic blood pressure less than 90 or diastolic blood pressure less than or equal to 60, and age greater than or equal to 65 years)

Antibacterial Agents: Inpatient, Non-ICU

Regimens
› First-line: CefTRIAXone + Azithromycin
› First-line or for use in Beta-lactam allergy: Levofloxacin
› Second-line: CefTRIAXone + Doxycycline (IV or PO)

Cephalosporins, 3rd-Generation
cefTRIAXone
- 1 gram intravenously every 24 hours

Macrolides
azithromycin
- 500 milligram intravenously every 24 hours
- 500 milligram orally once
- 250 milligram orally once a day starting day 2

Quinolones
levofloxacin
- 750 milligram intravenously every 24 hours
- 500 milligram intravenously every 24 hours
- 250 milligram intravenously every 24 hours
- 750 milligram orally every 24 hours
- 500 milligram orally every 24 hours
- 250 milligram orally every 24 hours

Tetracyclines
doxycycline
- 100 milligram intravenously every 12 hours
- 100 milligram orally every 12 hours

Medications

DVT Prophylaxis: Reminders
› For acutely ill patients hospitalized with CAP, VTE prophylaxis should be used; the options include an LMWH, LDUH, or fondaparinux; for patients with a contraindication to anticoagulant therapy, use mechanical prophylaxis with IPC or graduated compression stockings

Full page of orders requires only one physician, one nurse and one clerical signature/date/time.

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Antiviral Agents
oseltamivir
  □ 75 milligram orally 2 times a day

Bronchodilators: Beta-2 Agonists – Inhaled, Short-acting
albuterol 90 microgram/inhalation aerosol
  □ 2 puff inhaled EVERY 4 HOURS AS NEEDED FOR WHEEZING/SHORTNS OF BREATH
  □ MDI SPACER
albuterol 2.5 mg/3 mL (0.083%) neb solution
  □ 3 milliliter by nebulizer EVERY 4 HOURS AS NEEDED FOR WHEEZING/SHORTNS OF BREATH

Bronchodilators: Inhaled Combination Agents
DUONEB 2.5 MG–0.5 MG/3 ML SOLN FOR INHALATION
  □ 3 milliliter by nebulizer every 4 hours

Reminders
  ▶ For patients with influenza A, use an antiviral agent within 48 hours of symptom onset
  ▶ For patients with influenza pneumonia, consider the use of an antiviral agent to reduce viral shedding
  ▶ In hospitalized patients, consider the use of adjunctive steroids

Respiratory
  ▶ Assess oxygenation level by pulse oximetry or arterial blood gas examination
  ▶ Avoid the routine use of chest physiotherapy for patients who do not have underlying problems with mucociliary clearance
  □ O2 TO MAINTAIN O2 SAT @ 90%
  □ Blood gas, arterial
  □ Blood gas, venous

Laboratory
  □ B-type natriuretic peptide (BNP)

Microbiology
  □ SPUTUM CULTURE +GRAM STAIN
  □ BLOOD CULTURE ARD

Serology
  □ INFLUENZA A ANTIGEN
  □ INFLUENZA B ANTIGEN

Urine Studies
  □ Legionella Urinary Antigen
  □ Strep Pneumoniae Urinary Ag

Radiology
  □ CT,CHEST W/NO CONTRAST
  □ CT,CHEST W/O CONTRAST

Physician/Date/Time: ___________________________ Nurse/Date/Time: ___________________________ Secretary/Date/Time: ___________________________

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Fax to Pharmacy
General Radiography
- PORTABLE, CHEST SINGLE VIEW 🌊
- XR, CHEST 2 VIEWS 🌊

Reminders
- American College of Radiology Appropriateness Criteria for acute respiratory illness in immunocompetent patients

Diagnostic Tests
Cardiology
- 12-lead ECG
- 2D ECHO W/DOPP AND COLOR FLOW

Consults
- Consult to dietitian
- Consult to infectious diseases
- Consult to pharmacist - pharmacy kinetic consult
- Consult to pulmonology
- SPEECH THERAPY PT. ORDER - Bedside swallowing evaluation, order MBS if recommended by SLP

Nursing Orders
Assessments
Contingency
- Notify provider ____________________

Interventions
- Elevate head of bed