



PROTOCOL ACTIVATED BY MD SIGNATURE

** = If the lower dose is initially administered, the dose may be repeated in 15 minutes for IV/ IM/ subcutaneous medications or 45 minutes for oral medications... * = Standard order (any variance must be activated by checking the box, noting the new order and crossing through the standard order.)

ADMIT TO INPATIENT [] Med/Surg [] Telemetry [] ICU Time of arrival in ED
PLACE IN OBSERVATION STATUS [] Med/Surg [] Telemetry [] Other
Admitting Doctor: Condition on admission:

Primary Dx: Pneumonia, (suspected type) Allergies

*Place on Pneumonia Target Track
NOTIFY DOCTOR IF: *Temp greater than 101 degree F (38.3 degree C) *O2 requirements greater than 4 LPM []

DIET *Regular []

ACTIVITY *Up ad lib [] Bed Rest [] Bathroom privileges

IV *Saline lock [] LR at 100ml/hr [] at ml/hr [] Saline lock when tolerating PO

LAB On admission, if not done in Emergency Department:

*CBC with manual differential *CMP *Blood Cultures x 2 *Sputum sample for Gram Stain and C & S

*CBC on day 3

MEDICATIONS: Document diagnosis or indication for all medication prescribed

Antibiotics: 1st Dose stat after blood cultures drawn, do not hold for sputum culture. Pharmacy to adjust dose for renal failure or hepatic failure.

Medical floor/IMC:

[] Levaquin 750mg PO or IV every 24h (Penicillin Allergic, non-pregnant patients only)

[] Ceftriaxone 1gm IV every 24h PLUS Azithromycin 500mg IV or PO X 1 dose then 250mg PO every 24h

ICU: [] Levaquin 750mg IV every 24h PLUS Ceftriaxone 1gm IV every 24h

[] Ceftriaxone 1gm IV every 24h PLUS Azithromycin 500mg IV X 1, then 250mg IV every 24h

[] Levaquin 750mg IV every 24h PLUS Aztreonam 1gm IV every 8h

ICU (Pseudomonas Suspected):

[] Levaquin 750mg IV every 24h PLUS Aztreonam 1gm IV every 8h PLUS Gentamicin mg IV every h

[] Maxipime 1gm IV every 12h PLUS Gentamicin mg IV every h PLUS Azithromycin 500 mg IV X 1 then 250 mg IV every 24h

[] Maxipime (cefepime) 1gm IV every 12h PLUS Levaquin 750mg IV every 24h

Additional Medications: (Additional routine and PRN medications: order on MD order form)

[] Acetaminophen 650 mg PO or PR every 4h PRN temp greater than 101 degree or pain (Do Not Exceed 4 gms in 24 hours)

[] Promethazine 12.5 to 25 mg IV every 6h PRN nausea**

[] Guaifenesin with Codeine Syrup 5 - 10 ml PO 4h PRN cough**

IMMUNIZATIONS Patient must sign consent form for each vaccine administered. Give if patient qualifies

Please give Pneumonia and flu vaccine if indicated

RADIOLOGY *CXR on admit (if not done in ED) []

CARDIOPULMONARY

*Check O2 saturation-administer O2 per cannula to keep stats above 92% at rest (Notify MD if patient requires greater than 4L/min) [] EKG

*Incentive Spirometry four times a day while awake [] ABG's on admission

*O2 sat check on room air prior to discharge []

[] Albuterol nebulizer 0.5ml in 3ml of NS every hr and every hr PRN

TREATMENTS *VS every 4 - 8 hr *Turn, Cough, Deep Breath every 2h *I&O []

EDUCATION: *If patient is an active smoker, patient educational brochure on smoking cessation given []

ED PHYSICIAN SIGNATURE: Date/Time: VERIFIED BY: Date/Time:

ATTENDING PHYSICIAN SIGNATURE: Date/Time: Date/Time:

Account Number: MR Number:

Patient Name:

Admit Date:

DOB Age Sex HT WT RM-BD PT SVC FC

Allergies:

Attending Physician Name:

Davis Hospital

AND MEDICAL CENTER

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