

Click here to enter text.

Physician Orders

Patient Name: Click here to enter text.

Room #: Click here to enter text.

DOB: Click here to enter a date.

Physician: Click here to enter text.

Allergies: Click here to enter text.

Date & Time Ordered	<h2 style="text-align: center;">Pneumonia/Sepsis</h2> <p style="text-align: center;"><i>Admit Orders for patients 18 yrs and above</i></p>
	<p> ADMIT TO <input type="checkbox"/> Acute <input type="checkbox"/> OBS for Dr. Click here to enter text. DIAGNOSIS: <input type="checkbox"/> Pneumonia <input type="checkbox"/> LLL <input type="checkbox"/> RLL <input type="checkbox"/> BIL <input type="checkbox"/> Community Acquired Pneumonia <input type="checkbox"/> Aspiration Pneumonia; <input type="checkbox"/> Sepsis <input type="checkbox"/> Hospital Acquired Pneumonia <input type="checkbox"/> Other DX: Click here to enter text. <input type="checkbox"/> Old chart to floor DIET: Click here to enter text. TELEMETRY: <input type="checkbox"/> Yes <input type="checkbox"/> No CODE: <input type="checkbox"/> Yes <input type="checkbox"/> No PATIENT DNR: <input type="checkbox"/> Yes <input type="checkbox"/> No VITAL SIGNS (including pulse ox): <input type="checkbox"/> every 4 hours <input type="checkbox"/> every 8 hours <input type="checkbox"/> Other: Click here to enter text. INTAKE & OUTPUT: <input type="checkbox"/> every 12 hours <input type="checkbox"/> Other: Click here to enter text. TREATMENTS: <input type="checkbox"/> CBG AC & HS <input type="checkbox"/> Standing Order Sliding Scale ACTIVITY: <input type="checkbox"/> Bed rest only <input type="checkbox"/> Bed rest with BRP <input type="checkbox"/> OOB to Chair <input type="checkbox"/> Other Click here to enter text. LABS: <input type="checkbox"/> Blood Culture X2 (collect prior to 1st abx) <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> UA <input type="checkbox"/> UA C&S <input type="checkbox"/> Sputum C&S <input type="checkbox"/> Vancomycin Peak & Through per pharmacy protocol <input type="checkbox"/> Other Click here to enter text. RADIOLOGY: <input type="checkbox"/> EPA & lateral chest x-ray <input type="checkbox"/> Other Click here to enter text. RESPIRATORY THERAPY: <input type="checkbox"/> O2 at Click here to enter text. liters per min per nasal cannula <input type="checkbox"/> Other Click here to enter text. <input type="checkbox"/> Neb treatments: Click here to enter text. every Click here to enter text. hours <input type="checkbox"/> EKG THERAPY CONSULT: <input type="checkbox"/> Physical <input type="checkbox"/> Occupational <input type="checkbox"/> Speech Medications: <input type="checkbox"/> Saline Lock <input type="checkbox"/> IV Fluids of Click here to enter text. at Click here to enter text. mL per hour *** (1st dose of antibiotics must be started within 4 hours of admission) <input type="checkbox"/> Levaquin 750 mg IVPB every 24 hours x 2 doses <input type="checkbox"/> Levaquin 750 mg PO every 24 hours <input type="checkbox"/> Zithromax 500 mg IVPB every 24 hours x 2, then 500 mg PO daily <input type="checkbox"/> Rocephin Click here to enter text. gram(s) IVPB now and every 24 hours <input type="checkbox"/> Zosyn 3.375 grams IVPB every Click here to enter text. hours <input type="checkbox"/> Vancomycin per pharmacy protocol <input type="checkbox"/> Clindamycin 900 mg IVPB every 8 hours <input type="checkbox"/> Gentamycin per pharmacy protocol <input type="checkbox"/> Other Antibiotic: Click here to enter text. <input type="checkbox"/> Tylenol 650 mg every 6 hours PRN for temp > 100.5 <input type="checkbox"/> Solu-Medrol Click here to enter text. mg IVP every Click here to enter text. hours times Click here to enter text. doses <input type="checkbox"/> Pneumococcal Vaccine (Pneumovax) on patients 19 years and above per screen/order <input type="checkbox"/> Flu Vaccine (October through February) <input type="checkbox"/> ID and continue Home Meds per Med Rec. Form ID and hold home medications </p> <p style="text-align: right;">Signature: _____</p>