UMC Health System

Patient Label Here

ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA PLAN

	PHYSICIAN ORDERS
Diagnosi	S S
Weight	Allergies
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.
ORDER	ORDER DETAILS
	Patient Care
	Systemic Antibiogram T;N, Routine, See link for reference text.
	Antibiogram Education ☐ T;N, Routine, See link for reference text.
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	Step 1: Select Primary Therapy
	For Nonsevere CAP withOUT risk factors for MRSA or Pseudomonas:
	Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days
	Choose cefTRIAXone AND azithromycin
	cefTRIAXone ☐ 2 g, IVPush, inj, q24h, Pulmonary - CAP Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes
	azithromycin 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP 500 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Pulmonary - CAP
	Alternatively, if patient is allergic to or has received cefTRIAXone/azithromycin in the previous 90 days, choose levoFLOXacin as single agent.
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP ☐ 750 mg, PO, tab, q24h, Consider if patient is able to take oral medications, Pulmonary - CAP
	For Severe CAP withOUT risk factors for MRSA or Pseudomonas:
	Risk factors include: prior isolation of MRSA or Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days
	Choose cefTRIAXone. Then choose either azithromycin OR levoFLOXacin.
Ó	cefTRIAXone ☐ 2 g, IVPush, inj, q24h, Pulmonary - CAP Reconstitute with 20 mL of Sterile Water or NS Administer IV Push over 3 minutes Continued on next page
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Order Toke	n by Signatura:

____Time __

__ Date __

Physician Signature:

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ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA PLAN

PHYSICIAN ORDERS			
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where ap			er detail box(es) where applicable.
ORDER	ORDER DETAILS		
	And ADD EITHER azithromycin OR levoFLOXacin		
	azithromycin ☐ 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP		
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP		
	Alternatively, if patient is allergic to cefTRIAXone/azithromycin, choos	e levoFLOXacin AND aztreonam	
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP		
	aztreonam 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes		
	Non-Severe/Severe CAP WITH risk factors for Pseudomonas:		
	Risk factors include: prior isolation of Pseudomonas or recent hospita the last 90 days	lization AND receipt of parentera	l antibiotics in
	Choose levoFLOXacin and cefepime		
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP		
	cefepime ☐ 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10-20 mL of Sterile Water or NS Administer IV Push over 3 minutes		
	Alternatively, if patient is allergic to cefepime, choose levoFLOXacin A	AND aztreonam	
	levoFLOXacin ☐ 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP		
	aztreonam 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes Continued on next page		
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Order Taken by Signature:		Date	Time
DL		D. C.	TC*

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ASP THERAPY FOR COMMUNITY ACQUIRED PNEUMONIA PLAN

	PHYSICIAN ORDERS	
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable		
ORDER	ORDER DETAILS	
	Step 2: If MRSA coverage is needed:	
	Risk factors include: prior isolation of MRSA or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days	
	Choose both vancomycin loading dose (if not already done) and add a second order for vancomycin maintenance dose	
	vancomycin 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose], Pulmonary - CAP	
	vancomycin 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - CAP	
	Alternatively, if patient is allergic to vancomycin, choose linezolid	
	(If patient takes SSRI/SNRI per home medication list or there is currently an active order AVOID linezolid due to increased risk of serotonin syndrome)	
	linezolid ☐ 600 mg, IVPB, ivpb, q12h, Infuse over 1 hr	
	Laboratory	
	Serial Procalcitonin levels are more valuable than single levels.	
	zProcalcitonin Now	
	zProcalcitonin at 24 hours	
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan	
Order Take	n by Signature: Date Time	
Physician S	Signature: Date Time	