

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
	<p>And ADD EITHER azithromycin OR levoFLOXacin</p> <p>azithromycin <input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - CAP</p>
	<p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p>
	<p>Alternatively, if patient is allergic to cefTRIAxone/azithromycin, choose levoFLOXacin AND aztreonam.</p> <p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p>
	<p>aztreonam <input type="checkbox"/> 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3-5 minutes</p>
	<p>Non-Severe/Severe CAP WITH risk factors for Pseudomonas:</p> <p>Risk factors include: prior isolation of Pseudomonas or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days</p> <p>Choose levoFLOXacin and cefepime</p> <p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p>
	<p>cefepime <input type="checkbox"/> 2 g, IVPush, inj, q8h, Pulmonary - CAP Reconstitute with 10-20 mL of Sterile Water or NS Administer IV Push over 3 minutes</p>
	<p>Alternatively, if patient is allergic to cefepime, choose levoFLOXacin AND aztreonam</p> <p>levoFLOXacin <input type="checkbox"/> 750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - CAP</p>
	<p>aztreonam <input type="checkbox"/> 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....</p>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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ORDER	ORDER DETAILS
	<p>Step 2: If MRSA coverage is needed:</p> <p>Risk factors include: prior isolation of MRSA or recent hospitalization AND receipt of parenteral antibiotics in the last 90 days</p> <p>Choose both vancomycin loading dose (if not already done) and add a second order for vancomycin maintenance dose</p> <p>vancomycin <input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose], Pulmonary - CAP</p>
	<p>vancomycin <input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - CAP</p>
	<p>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)</p> <p>linezolid <input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, Infuse over 1 hr</p>
Laboratory	
	<p>Serial Procalcitonin levels are more valuable than single levels.</p> <p>zProcalcitonin Now</p>
	<p>zProcalcitonin at 24 hours</p>

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