

ASP THERAPY FOR NOSOCOMIAL PNEUMONIA PLAN

PHYSICIAN ORDERS

Diagnosis _____

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: Choose either piperacillin-tazobactam OR cefepime
If ordering piperacillin-tazobactam, place order for BOTH items

piperacillin-tazobactam

4.5 g, IVPB, ivpb, ONE TIME, Infuse over 30 min, Pulmonary - HAP/VAP
Pharmacy - Ensure maintenance Extended Infusion dose is also ordered

piperacillin-tazobactam

4.5 g, IVPB, ivpb, q6h, Infuse over 4 hr, Pulmonary - HAP/VAP

cefepime

2 g, IVPush, inj, q8h, Pulmonary - HAP/VAP
Reconstitute with 10-20 mL of Sterile Water or NS
Administer IV Push over 3 minutes

Alternatively, if patient has an allergy to or has received any of these in the previous 90 days, choose aztreonam

aztreonam

1 g, IVPush, inj, q8h
Reconstitute with 10 mL of Sterile Water or NS
Administer IV Push over 3 minutes

Step 2: Add either an antipseudomonal fluoroquinolone (levofloxacin) OR an antipseudomonal aminoglycoside (gentamicin OR tobramycin)

levofloxacin

750 mg, IVPB, ivpb, q24h, Infuse over 90 min, Pulmonary - HAP/VAP

gentamicin

7 mg/kg, IVPB, ivpb, q24h, Infuse over 60 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP

tobramycin

7 mg/kg, IVPB, ivpb, q24h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP

Step 3: If coverage is needed for atypical pathogen(s), add azithromycin

azithromycin

500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pulmonary - HAP/VAP

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



<p>UMC Health System</p> <p>ASP THERAPY FOR NOSOCOMIAL PNEUMONIA PLAN</p>	<p>Patient Label Here</p>
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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>Step 4: If MRSA coverage is needed, choose either vancomycin OR linezolid</p> <p>Add order for vancomycin loading dose (if not already done) AND add a second order for vancomycin maintenance dose</p> <p>vancomycin</p> <p><input type="checkbox"/> 25 mg/kg, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Loading Dose]</p>
	<p>vancomycin</p> <p><input type="checkbox"/> 15 mg/kg, IVPB, ivpb, q12h, Infuse over 90 min, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - HAP/VAP</p>
	<p>linezolid</p> <p><input type="checkbox"/> 600 mg, PO, tab, BID, Pulmonary - HAP/VAP</p> <p><input type="checkbox"/> 600 mg, IVPB, ivpb, q12h, Infuse over 120 min, Pulmonary - HAP/VAP</p>
	<p>Step 5: If anaerobic coverage is needed, and patient is not already on piperacillin-tazobactam, order clindamycin</p> <p>clindamycin</p> <p><input type="checkbox"/> 900 mg, IVPB, ivpb, q8h, Infuse over 30 min, Pulmonary - HAP/VAP</p>

Laboratory

	Serial Procalcitonin levles are more valuable than single levels.
	zProcalcitonin at 24 hours
	zProcalcitonin Now

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TO
 Read Back
 Scanned Powerchart
 Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
Physician Signature: _____ Date _____ Time _____

