

PEDIATRIC ASP THERAPY FOR COMMUNITY ACQUIRED 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

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Step 1: Choose ONE of the following based on immunization status:

Fully immunized patient - Choose ampicillin

**ampicillin (ampicillin pediatric)**

- 50 mg/kg, IVsyr, syringe, q6h, x 10 days, Max single dose: 2,000 mg, Pulmonary - CAP  
Max single dose: 2,000 mg

Not fully immunized patient - Choose cefTRIAxone

**cefTRIAxone (cefTRIAxone pediatric)**

- 50 mg/kg, IVsyr, syringe, q24h, x 10 days, Max single dose: 2,000 mg, Pulmonary - CAP  
Max single dose: 2,000 mg
- 75 mg/kg, IVsyr, syringe, q24h, x 10 days, Max single dose: 2,000 mg, Pulmonary - CAP  
Max single dose: 2,000 mg

Step 2: Add azithromycin initial and maintenance doses if atypicals suspected: (Legionella sp., Mycoplasma sp.,)

Loading Dose - Select one of the following. Utilize oral option if tolerated.

**azithromycin (azithromycin pediatric)**

- 10 mg/kg, IVsyr, syringe, q24h, x 2 dose, Max single dose: 500 mg, Pulmonary - CAP  
Max single dose: 500 mg

**azithromycin**

- 10 mg/kg, PO, liq, q24h, x 1 dose, Pulmonary - CAP  
Max single dose: 500 mg

Maintenance dose - Select one of the following. Utilize oral option if tolerated.

**azithromycin (azithromycin pediatric)**

- 5 mg/kg, IVsyr, syringe, q24h, x 3 days, Max single dose: 500 mg, Pulmonary - CAP  
Max single dose: 500 mg. For maintenance dose. Schedule to begin 24 hours after initial dose(s).

**azithromycin**

- 5 mg/kg, PO, liq, q24h, x 3 days, Max single dose: 250 mg, Pulmonary - CAP  
Max single dose: 250 mg. For maintenacne dose. Schedule to begin 24 hours after initial dose(s).

Step 3: Add vancomycin if suspicious for S. aureus sepsis/bacteremia

**vancomycin (vancomycin pediatric)**

- 15 mg/kg, IVsyr, syringe, q6h, [MONITORING ADVISED] Pharmacy to dose and monitor, Pulmonary - CAP

Alternatively, if patient has vancomycin allergy choose clindamycin.

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



UMC Health System

Patient Label Here

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p><b>clindamycin (clindamycin pediatric)</b> <input type="checkbox"/> 13 mg/kg, IVsyr, syringe, q8h, x 10 days, Max single dose: 600 mg, Pulmonary - CAP Max single dose: 600 mg <input type="checkbox"/> 13 mg/kg, PO, liq, q8h, x 10 days, Max single dose: 600 mg, Pulmonary - CAP Max single dose: 600 mg</p>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

