




<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160</p> <p style="text-align: center;">PHYSICIAN'S ORDER FORM</p>	<p>Do not write in this box</p>  DT0017	<p>PATIENT LABEL</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------	----------------------

DATE & TIME	#	<p>ORDERS</p> <p>COMMUNITY ACQUIRED PNEUMONIA PATHWAY</p>
		EMERGENCY DEPARTMENT ORDERS (To be done prior to transfer to floor):
		<input type="checkbox"/> Blood Culture (2 sets) prior to administration of antibiotics
		<input type="checkbox"/> Blood Culture (1 set) prior to administration of antibiotics
		<input type="checkbox"/> Sputum C/S: If easily attainable. DO NOT DELAY ANTIBIOTICS FOR SPUTUM CULTURE
		<input type="checkbox"/> O2 saturation assessment (To be done within 24 hours of arrival): _____ % sat on _____ L O ₂ per/min or RA
		<input type="checkbox"/> See Adult Anti-Infective Order Form (Give first dose now)
Physician Signature _____ Pager _____		
		ADMISSION FLOOR ORDERS:
		Allergies: _____ Weight in kg: _____
		Admit to:
	1.	Attending Physician: _____ Pager: _____ Resident Physician: _____ Pager: _____
	2.	Diagnosis: Community Acquired Pneumonia
	3.	Obtain Old Chart <input type="checkbox"/>
	4.	Code Status: <input type="checkbox"/> Full Code <input type="checkbox"/> DNR/DNI <input type="checkbox"/> DNR Suspended <input type="checkbox"/> Comfort Measures Only
	5.	Activity: <input type="checkbox"/> OOB as tolerated <input type="checkbox"/> Other: _____
	6.	Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Other: _____
		Enteral Feeding: <input type="checkbox"/> Standard Infusion <input type="checkbox"/> Non-Standard Advancement <input type="checkbox"/> Bolus Infusion <input type="checkbox"/> Nocturnal Infusion
	7.	Nursing: <ul style="list-style-type: none"> • Vital signs q 4 hours with SaO₂ q 8 hrs <input type="checkbox"/> Incentive Spirometry at the bedside: Use 10 inspirations per hour while awake <input type="checkbox"/> Airborne Precautions for suspicion of tuberculosis
	8.	Respiratory: <ul style="list-style-type: none"> • Supplemental O₂ as needed to keep SaO₂ >92% • Arterial Blood Gas if room air SaO₂ is less than 90%
	9.	Labs: (if NOT already drawn): <ul style="list-style-type: none"> • CBC w/ Diff, BMP, blood culture X 2 set, sputum gram stain and culture • Other Labs: _____
	10.	Radiology: <input type="checkbox"/> Radiograph chest, PA (portable) <input type="checkbox"/> Radiograph chest, PA & LAT <input type="checkbox"/> Radiograph chest, PA (portable) – in AM <input type="checkbox"/> Radiograph chest, PA & LAT – in AM
	11.	Physician to assess patient's immunity status using algorithm on back of this page.
	12.	Physician to screen patient for SARS using algorithm on back of page 2
	13.	Call physician if: Temp >38.5 C, RR > 30, SBP <100 or >180, DBP <60 or >100, any respiratory distress, hemoptysis, chest pain or if supplemental oxygen requirement is greater than 6 L/min, change in rhythm if on telemetry, changes in mental status, urine output < _____ (specify mL/hr)



THE UNIVERSITY
OF KANSAS HOSPITAL
KUMED

3901 Rainbow Boulevard
Kansas City, Kansas 66160

Do not write in this box

PATIENT LABEL

PHYSICIAN'S ORDER FORM

DATE & TIME	#	ORDERS COMMUNITY ACQUIRED PNEUMONIA PATHWAY
	14.	Check all that apply: <input type="checkbox"/> Physical Therapy for mobility and strengthening <input type="checkbox"/> Occupational Therapy for activities of daily living and energy conservation <input type="checkbox"/> Respiratory Therapy consultation <input type="checkbox"/> Social Service evaluation to assess discharge environment
	15.	MEDICATIONS:
	16.	<input type="checkbox"/> Patient received antibiotic in last 24 hours
	17.	IV Fluids: <input type="checkbox"/> Saline lock <input type="checkbox"/> Other: _____
	18.	A. Has the patient ≥ 65 YO previously received Pneumovax (Polyvalent pneumococcal vaccine after age 65)? <input type="checkbox"/> YES (when? _____) <input type="checkbox"/> NO If NO: If age 65 or older (and, if applicable, ≥ 5 years since last Pneumovax), is the patient willing to receive Pneumovax during this admission? <input type="checkbox"/> YES <input type="checkbox"/> NO B. Has the patient ≥ 50 YO received influenza vaccine this season (October 1 –March 31) <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO: If age 50 or older, is the patient willing to receive influenza vaccine during this admission? <input type="checkbox"/> YES <input type="checkbox"/> NO
	19.	<input type="checkbox"/> Pneumovax-23: 0.5 mL S.C. x 1 until given. <i>Hold if patient febrile (temp > 38.3 C) or unstable. Reschedule vaccine at 0900 daily until vaccine administered.</i> <input type="checkbox"/> Influenza vaccine 0.5 mL IM (October 1 – March 31) x 1 until given. <i>Hold if patient febrile (Temp > 38.3 C) or unstable. Reschedule vaccine at 0900 daily until vaccine administered.</i> <input type="checkbox"/> Contraindication to pneumococcal vaccine: _____ <input type="checkbox"/> Contraindication to influenza vaccine: _____
	20.	* Provide counseling on Smoking Cessation <input type="checkbox"/> <i>NA (hasn't smoked in last 12 months)</i> <input type="checkbox"/> <i>Consult UKan Quit</i>

Physician Signature: _____ Pager: _____

COMMUNITY ACQUIRED PNEUMONIA PATHWAY