

# EVIDENCE BASED CARE

**MERCY HOSPITAL**  
800 Mercy Drive  
Council Bluffs, Iowa 51503-3128

## ADULT PNEUMONIA

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Created: 2/07 Next Review: 2/08

Diagnosis:  Possible Community Acquired Pneumonia  
 Risk of Healthcare Associated Pneumonia  
(see criteria on page two)

- Vital signs per nursing unit protocol.
- Pulse oximetry measurement now and document.
- Oxygen per Respiratory Therapy protocol.
- Assess smoking status. Offer cessation education to all patients with a history of smoking in the past 12 months.
- Pneumococcal and influenza screening and vaccination per protocol.
- STAT blood culture x2 drawn from different sites and **PRIOR to antibiotic administration.**
- Influenza A and B antigen (October 1<sup>st</sup> – March 1<sup>st</sup>).
- Complete blood cell count with differential (CBC w/diff).
- Comprehensive metabolic panel (CMP).
- Sputum gram stain and culture (do not hold antibiotic). Attempt to obtain specimen for 24 hours only.
- PT and INR every other day (recommended for patients receiving Coumadin and Levaquin therapy).
- Arterial blood gas now.
- Elevate head of bed >30 degrees.
- Consult to Pulmonary Rehabilitation.

### Diagnosics (if not already completed – please verify)

- Chest x-ray.  Portable upright chest x-ray.  
 PA and LAT in Radiology.

Please specify a symptom-based indication:  
\_\_\_\_\_

Reminder: Consider evaluation of pleural fluid to help rule out or rule in complicated empyema when clinically significant effusion is present on radiograph.

- 12-lead ECG now, recommended for patients:
  - with any history of HTN or CAD
  - diabetes mellitus and >40 years
  - Male >40 years or Female >50 years
- Albuterol 2.5 mg via nebulizer q.4h as needed for shortness of breath or wheezing.
- Sucralfate (Carafate) 1 gram orally q.6h for stress ulcer prophylaxis (recommended for ICU patients).
- Esomeprazole (Nexium) 40 mg IV q.24h for stress ulcer prophylaxis.
- Dextromethorphan/guaifenesin (Robitussin-DM) 10 ml orally q.4-6h as needed for cough.

Other: \_\_\_\_\_

Other: \_\_\_\_\_

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### Pulse Oximetry Assessment and Documentation:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Room Air SaO2: \_\_\_\_%

SaO2: \_\_\_\_% on oxygen at \_\_\_\_

### Tuberculosis Reminder:

If provider suspects possible pulmonary tuberculosis (fever, night sweats, hemoptysis, weight loss, recent immigrant, homeless), consider ordering appropriate isolation precautions:

- Patient should wear surgical mask during transport, testing, or when a negative pressure room is not available.
- Patient should be placed in a negative pressure room as soon as possible. Staff is required don N-95 masks while caring for the patient until the diagnosis of pulmonary tuberculosis is ruled out.

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**Antimicrobial Agent Selection. Initiate NOW unless given in the Emergency Department (verify doses given).**

- Non-ICU Option 1**
  - Ceftriaxone (Rocephin) 1 gram IV q.24h, **AND**
  - Azithromycin (Zithromax) 500 mg IV q.24h x5 days
- Non-ICU Option 2 (also for Beta-Lactam allergic)**
  - Levofloxacin (Levaquin) 750 mg IV q.24h
    - Have Pharmacy dose to minimize renal toxicity
- Intensive Care Unit Option 1**
  - Ceftriaxone (Rocephin) 1 gram IV q.24h, **AND**
  - Levofloxacin (Levaquin) 750 mg IV q.24h
    - Have Pharmacy dose to minimize renal toxicity
- Intensive Care Unit Option 2**
  - Ceftriaxone (Rocephin) 1 gram IV q.24h, **AND**
  - Azithromycin (Zithromax) 500 mg IV q.24h x 5 days
- Intensive Care Unit and Beta-Lactam Allergic**
  - Aztreonam (Azactam) 2 gram IV q.8h, **AND**
  - Levofloxacin (Levaquin) 750 mg IV q.24h
    - Have Pharmacy dose to minimize renal toxicity
- Pseudomonas Risk**
  - Piperacillin-tazobactam (Zosyn) 4.5 gram IV q.6h. **AND**
    - Have Pharmacy dose to minimize renal toxicity
  - Levofloxacin (Levaquin) 750 mg IV q.24h
    - Have Pharmacy dose to minimize renal toxicity
- Pseudomonas Risk and Beta-Lactam Allergic**
  - Aztreonam (Azactam) 2 gram IV q.8h, **AND**
  - Levofloxacin (Levaquin) 750 mg IV q.24h
    - Have Pharmacy dose to minimize renal toxicity
  - Gentamicin IV pharmacy to dose.
- Healthcare Associated Risk Option 1**
  - Vancomycin 15 mg/kg IV x 1, then pharmacy to dose**AND**
  - Piperacillin-tazobactam (Zosyn) 4.5 gram IV q.6h**AND**
  - Have Pharmacy dose to minimize renal toxicity
  - Levofloxacin (Levaquin) 750 mg IV q.24h
    - Have Pharmacy dose to minimize renal toxicity
- Healthcare Associated Risk Option 2**
  - Linezolid (Zyvox) 600 mg IV q.12h, **AND**
  - Piperacillin-tazobactam (Zosyn) 4.5 gram IV q.6h**AND**
  - Have Pharmacy dose to minimize renal toxicity
  - Levofloxacin (Levaquin) 750 mg IV q.24h
    - Have Pharmacy dose to minimize renal toxicity

Dr \_\_\_\_\_

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## BETA-LACTAM ALLERGY

- Patient as an allergy to beta-Lactam, penicillins, or cephalosporin antibiotics.
- Other reason for not giving beta-Lactam, penicillins, or cephalosporin. Please specify:  
\_\_\_\_\_  
\_\_\_\_\_

## PSEUDOMONAL RISK

- Bronchiectasis
- Structural lung disease (COPD, emphysema, cystic fibrosis, chronic bronchitis, pulmonary fibrosis) with history of repeated antibiotics or chronic systemic corticosteroids use.
- Other pseudomonal risk. Please specify:  
\_\_\_\_\_  
\_\_\_\_\_

## RISK OF HEALTHCARE ASSOCIATED PNEUMONIA

- Hospitalization for 2 days (not necessarily consecutive) within the last 90 days.
- Resident in a nursing home or extended care facility within the last 90 days. An ECF is defined as a non-apartment based institutional setting where 24 hour nursing care is provided.
- Chronic dialysis within the last 30 days.
- Wound care by healthcare professional within the last 30 days.
- Other healthcare associated risk. Please specify:  
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\_\_\_\_\_

