

Completed by  
ED Nurse or  
Admitting Nurse

Pneumonia Core Measures Checklist

#1 Order Set and Care Maps Section Verified Complete by: \_\_\_\_\_

ALERT: Evidence shows that use of standard orders and care maps are associated with better patient outcomes.

Order Set used:  Yes  No-(not offered by staff)  No-(physician declined)

Care Map used:  Yes  No

#2 Oxygenation Assessment Section Verified Complete by: \_\_\_\_\_

Pulse Oximetry reading present \_\_\_\_\_% or  ABG present

#3 Antibiotic Administration Section Verified Complete by: \_\_\_\_\_

ALERT: Initial Blood Culture should be drawn before Initial Antibiotic Given; AND Initial Antibiotic should be administered within 4 hours of Patient Arrival

If additional antibiotic ordered, all must be started within 24 hours.

Patient Arrival Time: \_\_\_\_\_ Initial Blood Culture Collected Time: \_\_\_\_\_

Initial Antibiotic Given Time: \_\_\_\_\_

Correct antibiotic selection- see back page for recommended options.

Completed by  
Point of Care Nurse

#4 Smoking Cessation Section Verified Complete by: \_\_\_\_\_

ALERT: Patients with recent smoking history MUST be offered Smoking Cessation Advice

Patient smoked in past 12 months:  Yes  No, go to #5

Smoking cessation advice given:  Yes  Offered, but Patient Refused

#5 Pneumococcal Vaccination (65 years & over, or go to #6) Section Verified Complete by: \_\_\_\_\_

ALERT: Patients over 65 years MUST be Screened and, if indicated, offered Vaccine.

Pneumococcal screening completed:  Yes

Pneumococcal vaccination:  Given  Needs vaccination prior to discharge  Previously Given

Contraindicated  Refused

If vaccination indicated per screening and not given, rationale is documented in medical record

#6 Influenza Vaccination (Oct to March, 50 years & over, or go to #7) Section Verified Complete by: \_\_\_\_\_

ALERT: From October to March, Patients over 50 years MUST be Screened and, if indicated, offered Vaccine.

Influenza screening completed:  Yes

Influenza vaccination:  Given  Previously Given  Contraindicated  Refused

If vaccination indicated per screening and not given, rationale is documented in medical record.

Discharging  
Nurse

#7 Medication Reconciliation Section Verified Complete by: \_\_\_\_\_

Medication Reconciliation completed upon discharge:  Yes  No

Verify correct antibiotic selection. Checklist continued on back side.

## Pneumonia Core Measures Checklist

**Instructions:**

1. Initiate Checklist in chart *immediately upon admission or identifying Pneumonia as a diagnosis* (often in ER).
2. Nurse signature in *section verified complete by* when all elements of section have been addressed.
3. Pre-Discharge Review: Enter discharge date and ensure that each and every *section verified complete*.
4. This document is NOT a part of the patient Permanent Medical Record.
5. Forward form to Quality Management Services when completed.

**Patient MUST be reassessed upon transfer to ICU for appropriate antibiotic selection.**

### Core Measure Pneumonia Antibiotic Consensus Recommendations

#### NON-ICU Patient

- Levaquin IV/PO
- Rocephin IV & Zithromax IV
- Rocephin IV & Doxycycline (IV or PO)
- Beta-lactam (IV or IM) & Macrolide (IV or PO)
- Beta-lactam (IV or IM) & Doxycycline (IV or PO)

#### ICU Patient

- Levaquin IV & Rocephin IV
- Rocephin IV & Zithromax IV
- Beta-lactam IV & Macrolide IV
- Beta-lactam IV & Levaquin IV
- Levaquin IV +/- Clindamycin  
**ONLY IF Beta-lactam Allergy documented**

*Section Verified Complete by:* \_\_\_\_\_

#### Pseudomonal Risk Patient (Non-ICU & ICU)

- MD, NP or PA documentation of bronchiectasis as a possible consideration at time of admit.
- MD, NP or PA documentation of Pseudomonal Risk
- Structural lung disease (COPD, emphysema, cystic fibrosis, chronic bronchitis or pulmonary fibrosis)  
MD, NP or PA documented history of "repeated antibiotics or chronic corticosteroid use" is also still required

*Section Verified Complete by:* \_\_\_\_\_

#### If Pseudomonal Risk is documented in medical record by MD, one of the following antibiotic regimens is also acceptable:

- |   |   |
|---|---|
| <input type="checkbox"/> Zosyn IV & Levaquin IV<br><input type="checkbox"/> Maxipime IV & Levaquin IV<br><input type="checkbox"/> Maxipime IV & Gentamicin IV & Zithromax IV<br><input type="checkbox"/> Zosyn IV & Gentamicin IV & Zithromax IV<br><input type="checkbox"/> Antipseudomonal beta-lactam IV & Levaquin IV | <input type="checkbox"/> Antipseudomonal beta-lactam IV & Aminoglycoside IV<br><b>&amp; one of the following:</b><br><input type="checkbox"/> Levaquin IV<br><input type="checkbox"/> Macrolide IV<br><input type="checkbox"/> Aztreonam & Levaquin & Aminoglycoside<br><b>ONLY IF Beta-lactam Allergy documented</b> |
|---|---|

*Section Verified Complete by:* \_\_\_\_\_

### Core Measure Pneumonia Antibiotic Consensus Recommendations

#### Beta- Lactam

- Ampicillin-Sulbactam (Unasyn)
- Ceftriaxone (Rocephin)
- Ertapenem (Invanz)

#### Macrolides

- Azithromycin (Zithromax)
- Clarithromycin (Biaxin)
- Erythromycin

#### Aminoglycoside

- Gentamicin
- Tobramycin
- Amikacin

#### Antipseudomonal Beta-Lactam

- Cefepime (Maxipime)
- Imipenem-Cilastatin (Primaxin)
- Piperacillin-Tazobactam (Zosyn)

**If none of the recommended antibiotic regimens are used,  
a reason MUST be documented in medical record!**

**Discharge Date:** \_\_\_\_\_