



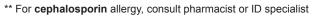
## Regional Order Set

Encounter number	NH Nu	mber:	Chart Created: Y/N
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for F	ayment:	PHN:	
Primary Care Phys	ician/Attending	Physician:	

Last Name:

First Name (Preferred Name):

	Responsibility for Payment: PHN:
Adult Community Acquired	Primary Care Physician/Attending Physician:
Pneumonia Management Page 1 of 2	PATIENT LABEL
Allergies: ☐ None known ☐ Unable to obtain	•
List with reactions:	
Blood cultures x 2 (from different sites)     Chest x-ray     CBC and differential; creatinine, urea, electrolyte panel (sodiur magnesium	m, potassium, chloride and bicarbonate/ $\mathrm{CO_2}$ ) and
4. Sputum culture for gram stain and C+S if available	
5. Vitals (including oxygen saturation and temperature) qid x 72 h 6. CURB-65 score: (scoring system on bac	
<ul> <li>☐ Moderate (CURB-65 score 2): For patients requiring admis</li> <li>☐ ampicillin 1 g IV q6h x 7 days</li> <li>OR</li> </ul>	ssion to hospital medical ward
☐ cefuroxime** 1.5 g IV x 1 dose then 750 mg IV q8h x 7 d Plus one of the following:	lays (for severe <b>penicillin</b> allergy (e.g. anaphylaxis))
□ azithromycin 500 mg PO daily x 3 days <b>OR</b> □ azithrom <b>OR</b>	ycin 500 mg IV q24h (if unable to take PO) x 3 days
□ doxycycline 100 mg PO bid x 7 days	
<ul> <li>□ Severe (CURB-65 score 3 to 5): For critically ill patients or MRSA and pseudomonas considerations</li> <li>• cefTRIAXone** 2 g IV q24h x 7 days</li> <li>Plus one of the following:</li> <li>□ azithromycin 500 mg PO daily x 3 days OR □ azithrom</li> </ul>	
OR □ doxycycline 100 mg PO bid x 7 days	
OR If recent macrolide use, add in place of azithromycin:  ☐ moxifloxacin 400 mg PO daily x 7 days	
☐ moxifloxacin 400 mg IV q24hr (reassess for oral step do	own in 48 to 72 hrs)
7. If azithromycin or moxifloxacin ordered, baseline ECG is need	eded for QTc assessment
B. Reassess patient for conversion to oral therapy in 72 hour	rs (criteria on page 2)
Pneumococcal conjugate vaccine (Prevnar 13 or equivale risk patients (HIV and stem cell transplant) will require follow to discharge. Note: if polysaccahride vaccine already given ensure 1 year has page.	w up polysaccharide vaccine in 8 weeks. Administer prior
Pneumococcal polysaccharide vaccine 0.5 mL subcutan qualifying patients (65 years or older; resident of long term kidneys; diabetes; asplenia; sickle-cell or immunocompromi	care facility; chronic conditions of lung, heart, liver or
☐ Influenza vaccine 0.5 mL IM x 1 dose (consider during flu	season: October to April)



\_\_\_\_\_ College ID: \_\_\_\_\_ Date: \_\_\_\_ Time:\_ Physician signature:\_\_

10-111-5094 (IND - RDP/VPM - Rev. - 06/21) Review by December 31, 2024





# **Regional Order Set Adult Community Acquired Pneumonia Management**

Last Name:			
First Name (Preferre	ed Name):		
Encounter number:	NH Nu	ımber:	Chart Created: Y/N
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Pa	ıyment:	PHN:	
Primary Care Physic	cian/Attending	Physician:	
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Page 2 of 2 PATIENT LABEL

### CURB-65: Pneumonia severity of illness scoring system

Patient characteristics	Points assigned	Patient's points
(C) Confusion	1	
(U) Blood urea nitrogen greater than 7 mmol/L	1	
(R) Respiratory rate greater than 30/min	1	
(B) Systolic blood pressure less than 90 mmHg or diastolic less than 60 mmHg	1	
Age greater than or equal to 65 years	1	
	Total score	

This prediction rule is to be used as a guideline and does **not** supersede sound clinical judgement.

Score	30 day mortality risk (%)	Site of care recommendation
0 to 1	0.7 to 2.1	Outpatient
2	9.2	Inpatient
3	14.5	Inpatient, consider ICU
4	40	Inpatient, often ICU
5	57	Inpatient, often ICU

For severe disease admitted to ICU consider empiric coverage for MRSA or pseudomonas if:

- Isolation of MRSA or pseudomonas from respiratory tract within past year OR

- Hospital admission and IV antibiotic exposure in previous 3 months

Consult pharmacist or ID specialist

## Criteria for switching to oral antibiotic

- 1. Clinically improving
  - Consistent improvement in fever over the last 24 hours or patient is afebrile (less than 38°C)
  - · White blood cells decreasing
  - Hemodynamically stable
  - Improvement in pneumonia symptoms (e.g. cough, need for supplemental oxygen above baseline, etc.)
- 2. Able to tolerate and absorb oral medication and is **not**:
  - NPO or having difficulties swallowing
  - · Unconscious with no OG/NG available
  - Experiencing severe or persistent nausea, vomiting or diarrhea
  - Experiencing active GI bleed, GI obstruction/ileus, OG/NG continuous suction, malabsorption syndrome
- 3. Pathogen is not known to be resistant to the oral antimicrobial to be used

Intravenous antibiotic	Oral antibiotic	Total* duration
ampicillin 1 g IV q6h	amoxicillin 500 mg PO tid	7 days
cefuroxime 750 mg IV q8h	cefuroxime 500 mg PO bid	7 days
azithromycin 500 mg IV q24h	azithromycin 500 mg PO daily	3 days
cefTRIAXone 2 g IV q24h	amoxicillin-clavulanate 875 mg PO bid	7 days
moxifloxacin 400 mg IV q24h	moxifloxacin 400 mg PO daily	7 days

<sup>\*</sup>Total duration includes both IV and oral treatments given