



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

Last Name:			
First Name (Preferred Name):			
Encounter number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			
<b>PATIENT LABEL</b>			

**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 (sodium, potassium, chloride and bicarbonate/CO<sub>2</sub>) and magnesium
- Sputum culture for gram stain and C+S if available
- Vitals (including oxygen saturation and temperature) qid x 72 hours
- CURB-65 score: \_\_\_\_\_ (scoring system on back)
  - Moderate (CURB-65 score 2):** For patients requiring admission to hospital medical ward
    - ampicillin 1 g IV q6h x 7 days
    - OR**
    - cefuroxime\*\* 1.5 g IV x 1 dose then 750 mg IV q8h x 7 days (for severe penicillin allergy (e.g. anaphylaxis))
    - Plus one of the following:**
    - azithromycin 500 mg PO daily x 3 days **OR**  azithromycin 500 mg IV q24h (if unable to take PO) x 3 days
    - OR**
    - doxycycline 100 mg PO bid x 7 days
  - Severe (CURB-65 score 3 to 5):** For critically ill patients or requiring admission to hospital ICU. See page 2 for MRSA and pseudomonas considerations
    - cefTRIAxone\*\* 2 g IV q24h x 7 days
    - Plus one of the following:**
    - azithromycin 500 mg PO daily x 3 days **OR**  azithromycin 500 mg IV q24h (if unable to take PO) x 3 days
    - 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 down in 48 to 72 hrs)
- If **azithromycin** or **moxifloxacin** ordered, baseline ECG is needed for QTc assessment
- Reassess patient for conversion to oral therapy in 72 hours (criteria on page 2)**
- Pneumococcal conjugate vaccine** (Prevnar 13 or equivalent) 0.5 mL IM x 1 dose if not already given for high risk patients (HIV and stem cell transplant) will require follow up polysaccharide vaccine in 8 weeks. Administer prior to discharge.  
*Note: if polysaccharide vaccine already given ensure 1 year has passed prior to administering conjugate vaccine*
  - Pneumococcal polysaccharide vaccine** 0.5 mL subcutaneous/IM x 1 dose (if not given in last 5 years) for qualifying patients (65 years or older; resident of long term care facility; chronic conditions of lung, heart, liver or kidneys; diabetes; asplenia; sickle-cell or immunocompromised). Administer prior to discharge.
  - Influenza vaccine** 0.5 mL IM x 1 dose (consider during flu season: October to April)

\*\* For cephalosporin allergy, consult pharmacist or ID specialist

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

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

~ Do NOT photocopy or alter electronically. Print new copies directly from OurNH Order Set Site ~



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

Last Name:		
First Name (Preferred Name):		
Encounter number:	NH Number:	Chart Created: Y/N
Date of Birth:	Gender:	Age: Encounter Type:
Responsibility for Payment:		PHN:
Primary Care Physician/Attending Physician:		

PATIENT LABEL

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

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

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**

- 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.)
- 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
- Pathogen is not known to be resistant to the oral antimicrobial to be used

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

\*Total duration includes both IV and oral treatments given