**SIMPLE PNEUMONIA - CLINICAL PATHWAY: DAY 1**

**DATE:** __________  **TIME:** (Military Time)

**DIAGNOSIS:** SIMPLE PNEUMONIA

**ACTIVITY:** Ambulate as tolerated. HOB elevated

**ALLERGIES:**

**DIET:**

**LABS:** if not done in ER:

1. CBC c diff on DAY 1 (and) DAY 3
2. UA
3. BMP
4. Blood Cultures x 2 (separate sticks)
5. If productive cough, sputum STAT for gram stain and culture within 4 hours after admission.

**CXR PA & Lateral**

**EKG**

**VS every 4 hrs X 24 hrs; then every shift**

Document Pulmonary Assessment every shift

**RESPIRATORY THERAPY:**

O2 saturation by oximetry on room air at admission. If less than 95%, do blood gases

O2 therapy as indicated after ABG ______________ O2 by ______________

IV Heparin Lock

**FLUIDS:** ______________ @ ______________ ml /

Change above fluids to D ½ NS or D ½ W if BS = 250 or less

**MEDICATIONS:**

If Temp > 102 °F and if Patient is uncomfortable:

________ ASA X grains po every 4 - 6 hrs pm

________ Tylenol X grains po every 4 - 6 hrs pm

**FAXED BY/TIME:**

**TIME NOTED:**

Doctor's Signature _______________, MD Date __________

Nurse's Signature / Title

**USE BALL POINT PEN ONLY - PRESS FIRMLY**
**SIMPLE PNEUMONIA - CLINICAL PATHWAY: DAY 1**

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<th>DATE:</th>
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<th>(Military Time)</th>
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**ANTIBIOTICS - start after cultures - within 4 hrs of admission x 3 days**

- _____ Levofloxacin (Levaquin) 500 mg IV daily
- _____ Ceftriaxone (Rocephin) 1 gm IV daily
  plus Azithromycin 500 mg IV daily
### SIMPLE PNEUMONIA - CLINICAL PATHWAY: DAY 3

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<table>
<thead>
<tr>
<th>PO ANTIBIOTICS - when afebrile x 24 hrs (&lt; 100 degrees F)</th>
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<tbody>
<tr>
<td>_______ Azithromycin (Zithromax) 500 mg PO daily</td>
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<tr>
<td>_______ Levofoxacin (Levaquin) 500 mg PO daily</td>
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<tr>
<td>CXR if indicated</td>
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<td>CBC if indicated</td>
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**DATE**: ____________________  **TIME**: ____________________  

**DIAGNOSIS**: SIMPLE PNEUMONIA

**FAXED BY/TIME**: ____________________

**TIME NOTED**: ____________________

**Doctor's Signature**: ____________________  **MD**  **Date**: ____________________

**Nurse's Signature / Title**: ____________________