

Your
Hospital's
Logo
Here

PHYSICIAN'S ORDER SHEET

ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

PATIENT IDENTIFICATION	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	SIMPLE PNEUMONIA - CLINICAL PATHWAY: DAY 1	
			NO PCP, TB, Aspiration; CLASS III	PAGE 1 of 2
			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 _____ O ₂ by _____		
		IV Heparin Lock		
		FLUIDS: _____ @ _____ ml /		
		Change above fluids to D ₅ 1/2 NS or D ₅ W if BS = 250 or less		
		MEDICATIONS:		
		If Temp > 102 ° F and if Patient is uncomfortable:		
		_____ ASA \bar{X} grains po every 4 - 6 hrs prn		
		_____ Tylenol \bar{X} grains po every 4 - 6 hrs prn		
	FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____, MD Date _____	
			Nurse's Signature / Title _____	

Military Time >>

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD

Your
Hospital's
Logo
Here

PHYSICIAN'S ORDER SHEET

**ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.**

PATIENT IDENTIFICATION	Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	SIMPLE PNEUMONIA - CLINICAL PATHWAY: DAY 1	
			(Continued)	NO PCP, TB, Aspiration PAGE 2 of 2
			DATE:	TIME: <small>(Military Time)</small>
			ANTIBIOTICS - start after cultures - within 4 hrs of admission x 3 days	
			_____ Levofloxacin (Levaquin) 500 mg IV daily -or-	
			_____ Ceftriaxone (Rocephin) 1 gm IV daily plus Azithromycin 500 mg IV daily	
	FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____, MD Date _____	
			Nurse's Signature / Title _____	

Military Time >>

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD

Your
Hospital's
Logo
Here

PHYSICIAN'S ORDER SHEET

ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

Check (✓) Each Order As Transcribed	Check (✓) Pharmacy Orders	SIMPLE PNEUMONIA - CLINICAL PATHWAY: DAY 3	
		(Continued)	NO PCP, TB, Aspiration
		DATE:	TIME: PAGE 1 of 1 (Military Time)
		DIAGNOSIS: SIMPLE PNEUMONIA	
		PO ANTIBIOTICS - when afebrile x 24 hrs (< 100 degrees F)	
		_____ Azithromycin (Zithromax) 500 mg PO daily	
		_____ Levofloxacin (Levaquin) 500 mg PO daily	
		CXR if indicated	
		CBC if indicated	
		FAXED BY/TIME: _____ TIME NOTED: _____	
		Doctor's Signature _____, MD Date _____	
		Nurse's Signature / Title _____	

PATIENT IDENTIFICATION

Military Time >>

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD