Your Hospital's Logo Here

VENTILATOR ACQUIRED PNEUMONIA
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	VENTILATOR ACQUIRED PNEUMONIA
		DATE: TIME:
		Continue VAP Prevention Bundle
		LABS & TESTS:
		1. Blood Cultures X 2 (separate sticks)
		2. Deep Tracheal aspirate for gram stain, culture and sensitivity
		3. CXR stat
		RESPIRATORY THERAPY:
		Continuous O2 saturation monitoring by oximetry. If less than 90%, notify Physician
		MUCOLYTICS / BRONCHODILATORS vis NEBULIZER:
		☐ OPTION #1 - Albuterol 1 unit dose every 4 hours, and: Atrovent 1 unit dose every 4 hours
		☐ OPTION #2 - Xopenex 1.25 mg every 8 hours, and: Atrovent 1 unit dose every 8 hours
		☐ Acetylcysteine 2 ml of 20% every 4 hours
		ANTIBIOTICS - Start after Cultures
		(Dosage adjustment is required for Patients with Renal Insufficiency)
		☐ OPTION #1 - Cefepime 2 gm IV every 8 hours, and: Levaquin 750 mg IV every 24 hours, and: Vancomycin 1 gm dose every 12 hours
		☐ OPTION #2 - Imipenem 1 gm IV every 8 hours, and: Levaquin 750 mg IV every 24 hours, and: Vancomycin 1 gm dose every 12 hours
		☐ OPTION #3 - Zosyn 4.5 gm IV every 6 hours, and: Levaquin 750 mg IV every 24 hours, and: Vancomycin 1 gm dose every 12 hours
		☐ OPTION #4 - (Beta Lactam Allergic Patients) Aztreonam 2 gm IV every 6 hours, and: Levaquin 750 mg IV every 24 hours, and: Vancomycin 1 gm dose every 12 hours
		If Patient's Temperature is greater than 102 degrees:
		☐ Tylenol 650 mg PO every 4-6 hours PRN, **-or-**
		☐ Ibuprofen 600 mg PO every 8 hours PRN

FAXED BY/TIME:	TIME NOTED:	Doctor's Signature _____,MD Date _____
Military Time > >		Nurse's Signature / Title_____

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD