University Medical Center
Community Acquired Pneumonia (CAP) Kardex

Primary MD ______________________

Age: ________ Admit Date: ______________

Allergies: ______________________

Advance Directive: __________ Code Status: __________

Addressograph

Chief complaint on admission / Admitting Diagnosis: ______________________

ICU Diagnosis /Surgery & Date of Surgery: ______________________

Past Medical / Surgical Hx.: ______________________

______________________ Isolation: __________

Consults: __________ / __________ / __________ / __________ / __________

Daily Plan Date: ______	LOS: __________
☐ Patient on Disease Specific CareMap® ☐ IV or PO Antibiotics ☐ Monitor Temps ☐ Monitor O_2 Sats _____ % _____ ☐ Trend WBC's ☐ Blood Cultures: Results ______________ ☐ Sputum Culture: Results ______________	Current Problems: ☐ CXR with infiltrate ☐ Fever ☐ Elevated WBC's ☐ SOB ☐ + Blood Cultures ☐ + Sputum Cultures ☐ Using accessory muscles ☐ Rhonchi or other adventitious breath sounds Resolution (Meets Criteria for Switch Therapy): ☐ Afebrile for 24 hours ☐ WBC's Trending down ☐ Switch to PO Antibiotics ☐ O_2 Sats > 94% or at patient's baseline ☐ Able to tolerate PO/GT feeds without vomiting or diarrhea ☐ Clinically improved: ☐ Decreased SOB ☐ Improved breath sounds ☐ Decreased Cough ☐ Discharge within 24 hours of Switch if criteria met
Flu Vaccine Was it given ☐ Yes ☐ No - why? **Pneumonia Vaccine** Was it given ☐ Yes ☐ No - why?	Notes:
Discharge Plan:	☐ Home with VNS Team ☐ Transfer to facility: ______________
Safety/Activity	Falls Protocol Level: ________ Gait steady Y / N Cane / Walker Activity: ☐ Bedrest ☐ Dangle ☐ OOB to Chair ☐ Ad Lib ☐ OOB with Assist ☐ Sitter ☐ Physical Restraints - Type: ______________ Speech consult date ________ Results ______________ Swallow eval. Date ________ Results ______________ PT consult date ________ Frequency ______________ Treatments ______________
Teaching / Psychosocial	Patient verbalizes understanding of: ☐ Signs and symptoms of pneumonia ☐ Monitor temp at home ☐ Call MD or Healthcare Provider with temp > 101° ☐ Increased secretions ☐ SOB ☐ Chest Pain ☐ Medications ☐ Completion of Oral Antibiotics ☐ Smoking Cessation (even if quit in last year) ☐ Vaccine Education Patient Received: ☐ "Pneumonia - Your Treatment and Recovery" Care notes to supplement

PATIENT	CARE	CATEGORIES
Shift Assessment	**Wounds/Dsgs** ______	**Tests and Labs**
Cardiac	______	X-rays - date ______
• Vital Signs q ______ hr	**Drains/Tubes** ______	Results ______
• Telemetry # ______	______	U/A C&S - date ______
• Rhythm ______	**Blood Sugars** ______	Results ______
• Temp ______		Sputum C&S - date ______
• Pacemaker/AICD ______	**Central Lines** / Shiley / HO Access	Results ______
Respiratory	Type: ______	Blood Culture- date ______
• O_2 ______ Sat % ______	Location: ______	Results ______
• Trach Collar ______	Insertion Date: ______	Wound C&S - date ______
• RESP TX ______	Type: ______	Results ______
• Lung Sounds ______	Location: ______	CT Scan - date ______
Neurological	Insertion Date: ______	Results ______
• Orientation ______	PIV: Date Inserted: ______	Dopplers - date ______
• EEG ______	Location: ______	Results ______
• CVA ______	______	Cardiac Cath/Procedure - date ______
GU/Renal	PIV: Date Inserted: ______	Results ______
• Foley/Insertion Date ______	Location: ______	Echo - date ______
• 24° urine ______	______	Results ______
• I & O ______ / ______	IVFS/gtts: ______	Other tests: ______
• HD ______	______	______
GI	______	______
• Last BM ______	______	______
• NGT/KFT/Peg ______	Date last type/screen ______	______
• Diet ______	Blood transfusion/FFP ______	______
• Nutritional Needs ______	______	______
______	Blood transfusion consent ______	______
Pain Management ______		______
		Abnormal Labs: ______
		______

Daily Updates:

Day 1:

Day 6:

Day 2:

Day 7:

Day 3:

Day 8:

Day 4:

Day 9:

Day 5:

Day 10: