

	Early Considerations	Admission: (Day 1)	(Day 2)	(Day 3)	Discharge/Transition
Order Sets	<ul style="list-style-type: none"> Use Order Set (1173) Pneumonia Focused Combine with Gen Admission (1530) or ED Quick Admit (829) if pt to be admitted 	<ul style="list-style-type: none"> Consider Order Set: (1384) IP INFLUENZA/PNEUMOCOCCAL VACCINES Consider Order Set: (1162) GEN IP NICOTINE REPLACEMENT/TOBACCO CESSATION FOCUSED 			
Medical Milestones/ Discharge Criteria	Clinical Indications <u>for Admission to IP:</u> <ul style="list-style-type: none"> Hypoxia OP Treatment failure Complicated Pleural effusion Hemodynamic instability Mod/High risk patients (nursing home, severe comorbidities, etc.) Immuno-compromised pts Consider CURB 65 tool 	<ul style="list-style-type: none"> Screen for Pneumococcal and Influenza immunization status and administer if indicated (use order set 1384) Titrate oxygen to the minimum amount required to keep saturations at spO2 90-92% Tolerating increased activity 	<ul style="list-style-type: none"> Titrate oxygen to the minimum amount required to keep saturations at spO2 90-92% Decreased shortness of breath Temperature decreasing Improved heart rate and blood pressure Tolerating increased activity Decreased cough and sputum production Switch to PO antibiotics when procalcitonin normalizes and patient tolerating PO fluids 	<ul style="list-style-type: none"> Titrate oxygen to the minimum amount required to keep saturations at spO2 90-92% If O2 Sat less than or equal to 88% , then arrange for home oxygen Decreased shortness of breath Improved respiratory rate T ≤ 99.4°F (37.4°C) Sustained HR 50-100 Sys BP > 90 and < 140 or normotensive, Decreasing WBC Tolerating increased activity 	<ul style="list-style-type: none"> Titrate oxygen to the minimum amount required to keep saturations at spO2 90-92% Patient feeling better; tolerating baseline activity level, exacerbating factors addressed If O2 Sat less than or equal to 88% , then arrange for home oxygen T ≤ 99.4°F (37.4°C) Sustained HR 50-100 Sys BP > 90 and < 140 or normotensive Appropriate PO medication regimen prescribed Decreasing WBC Tolerating increased activity
Consults		Consider: <ul style="list-style-type: none"> Speech therapy consult if patient fails nurse swallow evaluation Infectious Disease PT Evaluation Pharmacy for total medication review 	Consider : <ul style="list-style-type: none"> Infectious Disease, if blood cultures positive or patient not clinically improving Nutrition Consult Case Management 	<ul style="list-style-type: none"> Home Evaluation for Nebulizer and O2 Consider transition coach Outpatient smoking referral 	<ul style="list-style-type: none"> Home Evaluation for Nebulizer and O2 Consider transition of care, post discharge-ensure follow-up appointments for PCP or pulmonologist within 7 days, or 2 days for high risk readmission Consider outpatient smoking cessation
RT		<ul style="list-style-type: none"> Titrate O2 to the minimum amount required to keep saturations at spO2 90-92% RT to assess & treat as indicated. ABG if concern for respiratory acidosis 	<ul style="list-style-type: none"> Titrate O2 to the minimum amount required to keep saturations at spO2 90-92% 	Titrate O2 to the minimum amount required to keep saturations at spO2 90-92%	<ul style="list-style-type: none"> Consider discontinuing O2 if not on home O2 and if spO2 ≥90%
Education	<ul style="list-style-type: none"> Assess for smoking status 	<ul style="list-style-type: none"> If actively smoking, or patient has smoked in the last year, counsel patient on smoking cessation 	<ul style="list-style-type: none"> Verify and document that smoking sheet/education has been provided 	<ul style="list-style-type: none"> Reinforce smoking cessation education Reinforce medication education 	<ul style="list-style-type: none"> Reinforce smoking cessation education Arrange/confirm radiographic follow-up of abnormal findings, if needed Reinforce medication education
Assess/Treatment	<ul style="list-style-type: none"> Bld Cultures x 2 before first dose of antibiotics Rapid Influenza test (seasonal) to determine isolation status Consider nurse swallow evaluation 	<ul style="list-style-type: none"> Obtain sputum C&S, gram stain Procalcitonin Establish diagnosis by clinical findings, WBC, chest X ray, and blood cultures, sputum. DVT Prophylaxis 	<ul style="list-style-type: none"> Adjust antibiotics if blood cultures are positive Consider repeat procalcitonin 	<ul style="list-style-type: none"> Review final results of all cultures Consider discontinue IV to PO, if possible Consider repeat procalcitonin if elevated levels on day 2 to identify if decreasing levels on day 3. Consider discharge 	<ul style="list-style-type: none"> Review final results of all cultures If afebrile, nutrition adequate, tolerating PO antibiotics, and able to resume previous ADLs, discharge Consider discharge
Medication	<ul style="list-style-type: none"> Antibiotics started within 1 hour of diagnosis and no later than 4 hours of ED presentation or triage Review Medications 	<ul style="list-style-type: none"> Choice of antibiotic per pneumonia guidelines, and sputum and gram stain* Maintain IV hydration if applicable, Encourage PO intake if possible 	<ul style="list-style-type: none"> Consider change to oral antibiotics based on patient condition and Procalcitonin results Consider discontinue IV to PO 	<ul style="list-style-type: none"> Consider change to oral antibiotics based on patient condition and Procalcitonin results Continue encouraging oral hydration 	<ul style="list-style-type: none"> Verify vaccines administered
Diet and Activity		<ul style="list-style-type: none"> Increase activity as tolerated Ambulate TID as goal (patients on high flow O2, NIPPV excluded) 	<ul style="list-style-type: none"> Advance activity out of bed to chair for all meals. Ambulate TID as goal (pts on high flow O2, NIPPV excluded) Adequate fluid intake & nutrition established 	<ul style="list-style-type: none"> Advance activity out of bed to chair for all meals. Ambulate TID as goal Adequate fluid intake and nutrition established 	<ul style="list-style-type: none"> Advance activity out of bed to chair for all meals. Ambulate TID as goal Adequate fluid intake and nutrition established