

PNEUMONIA PERFORMANCE IMPROVEMENT PROJECT

10/05

INCLUSION

ALL ADULTS (≥ 18 yo, non-Medicare as well as Medicare)
ADMITTED
XRAY DIAGNOSIS OF PNEUMONIA

FOUR STEPS

1. SPECIMENS

Blood culture (useful for hospital epidemiology sensitivity)
Sputum culture and gram stain x 1

2. APPROPRIATE ANTIBIOTICS

Medical floor: Ceftriaxone IV (1 gm q 24h) + Erythromycin IV (500 mg q 6h)

ICU: Avelox (moxifloxacin) IV (400 mg q 24h) [single antibiotic coverage]
OR: Ceftriaxone IV (1 gm q 24h) + Erythro IV (500 mg q 6h)

Special cases

-Pen allergy: Avelox (moxifloxacin) IV (400 mg q 24h) [single antibiotic]

-Nursing home: Zosyn (piperacillin/tazobactam) IV (3.375 gm q 6h) +
Erythromycin IV (500 mg q 6h)

[or if pen allergic: Clindamycin IV (600 mg q 8h) + Cipro (400 mg
q 12h)]

-Influenza: antiviral if < 2 days sx

3. TIMELINESS OF ANTIBIOTICS

Within 4 hours from triage: if close to 4 hours, consider giving before xray result

4. COMPLETE PNEUMONIA ADMISSION FORM (Available in Care Net under Medical)

Links: check boxes and it gives you a total.)

i) Fine criteria with Risk Class calculated

ii) -Criteria are met (nothing further needed)

-Criteria are not met, but patient should still be admitted. Briefly document reasons in the medical record.

UROSEPSIS ANTIBIOTICS

10/04

Recent sensitivities suggest **ZOSYN** is empirical antibiotic of choice for treatment of urosepsis

Pen allergy: Gentamycin 7 mg/kg q d