Name		Patient Label	MCV H	VCU Heal	Ith System Physicians	
MR Numbe	er [Richmond	, VÁ 23298	
Patient Ide	ntification					
Date			Community Acquired Pneumon	nia Guidel	ines	
Inclusion (<u>Criteria</u>		Exclusion Criteria			
 Infiltrate on Chest Radiograph 			 No infiltrate on Chest Radiograph 			
 One or more of the following symptoms 			 Age less than 18 years old 			
— Cough			— Clinical susp	 Clinical suspicion of 		
— Malaise			 Aspiration pneumonia 			
— Fever (T greater than 101.5)			— Tuberculosis			
		e less than 120/min	— Pulmonary I	Emboli		
	tient by Fine aracteristics	<u>criteria</u> Points			Points	
Age in yea		<u> Politis</u>			<u>Points</u>	
Male			Altered Medtal Status	+20		
	e (age minus	10)	Temp (less than 95 or greater than 10	04 +15		
Nursing ho		+10	Pulse greater than 125/min	+10		
Neoplastic		+30	pH less than 7.35	+30		
Liver Disea CHF	ise	+30 +10	BUN greater than 30 mg/dl Sodium less than 130 mEql	+20		
Cerebrovas	sc disease	+10	Glucose greater than 250 mg/dl		\	
Renal dise		+10	Hematocrit less than 30%	+10		
Resp rate	greater than 3	0 +20	Pleural effusion	+10		
Systolic BF	less than 90	mmHG +20	PO2 less than 60 or Sao2 less than 9	90% +10		
		TOTAL P	OINTS			
	THE TOT GRADO I C					
Admission Physician (is recomme	nded for class IV & V.	raindicated. Class III - Decision for admit based on cl General Orders		cumentation	
	is recomme					
Physician (orders			Nursing Do	cumentation	
Physician (orders	Heme 18 Basic Metabolic Profile	General Orders	Nursing Do	cumentation	
Physician (orders	Heme 18 Basic Metabolic Profile CXR	General Orders	Nursing Do	cumentation	
Physician (orders	Heme 18 Basic Metabolic Profile CXR Blood Culture prior t	General Orders o antibiotic administration (admitted pts)	Nursing Do	cumentation	
Physician (orders	Heme 18 Basic Metabolic Profile CXR Blood Culture prior t Sputum culture if obta	General Orders o antibiotic administration (admitted pts) inable (admitted patients only)	Nursing Do	cumentation	
Physician (orders	Heme 18 Basic Metabolic Profile CXR Blood Culture prior t Sputum culture if obta Pulse Ox:R	General Orders o antibiotic administration (admitted pts) inable (admitted patients only)	Nursing Do	cumentation	
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Print/Signature: RN_____

Print/Signature: MD ___ Form H-MR-714 5/06 Emergency Department