County of Los Angeles | Department of Health Services

Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Physician's Orders - Admission

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

I. Admit To: **Service**	**Unit/Ward:**	**Change of Service/Team as of:**
MD/NP/PA:	**Pager No.: ( )**	_____ /_____ /_____ **Time:** _____
MD/NP/PA:	**Pager No.: ( )**	
Sr. Resident:	**Pager No.: ( )**	**To:**_____
Attending M.D.:	**Pager No.: ( )**	

Instructions: All patients will be placed on this clinical pathway unless excluded for one or more of the following reasons:

II. Inclusion Criteria:

No exclusions, place on pathway for:

- ☐ Primary diagnosis of community acquired (non-institutional) pneumonia

III. Excluded for:

- ☐ Pregnancy
- ☐ Significant severe extra pulmonary disease
- ☐ CXR highly suggestive of opportunistic or fungal infection, tumor or TB
- ☐ Severe immune compromise (i.e.: ANC less than 1000; transplant recipient; recent chemotherapy)
- ☐ Less than 16 years of age
- ☐ Large pleural effusion/empyema (requiring therapeutic thoracentesis)
- ☐ Patient admitted with severe, complicating medical diagnosis

IV. Diagnosis: Community acquired pneumonia

V. Clinically Significant Co-Morbidity(s): ☐ None

- ☐ Alcoholism
- ☐ Diabetes
- ☐ Hepatic disease (synthetic dysfunction)
- ☐ Renal disease (creatinine greater than 2.5 mg per dL)
- ☐ Morbid obesity (BMI 40 or greater)
- ☐ On research protocol
- ☐ Pulmonary disease
- ☐ Homelessness
- ☐ _____
- ☐ _____

VI. Allergies:

☐ Known allergies (specify) ☐ No known allergies

a. _____

b. _____

c. _____

VII. Height/Weight: (To be completed by RN) **Height:** _____**cm or** _____**in** **Weight:** _____**kg or** _____**lb**

VIII. Condition: ☐ **Good** ☐ **Fair** ☐ **Serious** ☐ **Critical**

CPR Status and Patient Directives

A. CPR status order: All patients are "Full Code" unless one of the following DNR boxes is selected:

- ☐ **DNR: Do not start CPR -** *Continue all other medical/surgical management unless excluded in section [B] below*
- ☐ **DNR: Do not start CPR -** *Patient is terminally ill and requests comfort measures (pain and symptom management) only*

B. Patient directives during this hospitalization:

- ☐ No intubation
- ☐ No blood draws
- ☐ No blood products
- ☐ No antibiotics
- ☐ No invasive procedures
- ☐ No pressors
- ☐ No dialysis
- ☐ Other: _____

Attending Physician Sig: _____ ID#: _____ Date: ____ /____ /_____ Time: _____

These orders require concurrent attending approval documented in the progress notes with attending' s signature of order within 24 hrs.

Provider Last Name (Print):			
Provider Signature:	ID#:		
Date: / /	Time:	:	AM / PM
RN Last Name (Print):			
RN Signature:		Initials:	
Date: / /	Time:	:	AM / PM
Clerk/LVN Signature:		Initials:	
Date: / /	Time:	:	AM / PM

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Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Physician's Orders - Day 1 of 4

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

INSTRUCTIONS: If an order is desired, please"X" the box; leave blank if not desired. If a pre-checked order is not desired, you may cancel the order by drawing a line through it, followed by your initials.

Assessment:

- ☑ Vital signs: ☐ Q8 hrs ☐ Q4 hrs
- ☑ O2 sat by pulse oximetry: ☐ on admission ☐ Q24 hrs ☐ Q8 hrs ☐ Q4 hrs
- ☑ Obtain old chart

Physician Notification: ***Notify provider for any of the following:***

- ☑ Systolic BP less than 90 or greater than 160 mm Hg
- ☑ Diastolic BP less than 60 or greater than 110 mm Hg
- ☑ Temp. greater than 39.4° C (103.0° F)
- ☑ Pulse less than 50 or greater than 110 BPM
- ☑ O2 saturation less than 90% with or without O2 administered
- ☑ Resp. rate less than 12 or greater than 26
- ☑ Respiratory distress
- ☑ Altered mental status
- ☑ New onset chest pain
- ☑ Suspected allergic or toxic reaction to medications

Activity: ☐ Ad lib as tolerated ☐ Other:

Diet: ☐ Regular ☐ Consistent Carbohydrate (ADA) ☐ 2 gm sodium ☐ Other:

Treatment: ☐ IV _____at_____mL per hr ☐ Insert saline lock, flush per Unit protocol

☐ 02 by nasal cannula at 1 - 5 L per min as needed to keep 02 saturation greater than 90% (if 02 saturation greater than 90% on room air, then 02 not needed)

Consults: ☐ Respiratory therapy for: ☐ Social services for:

Medication Reconciliation: List all patient's home medications (include samples, OTC, vitamins, herbals, and others); Select Continue or Discontinue. **Do not duplicate orders written here in the next medication order sections.** (Prohibited abbreviations: qd, qod, U, IU, lack of leading zero .X, trailing zero X.0, MS, MSO4, MgSO4)

Information source:_____ ☐ Patient not currently taking medication ☐ Medication history not available

☐ NKDA ☐ Allergies/specify reactions:_____ ☐ Pregnant ☐ Breastfeeding

Weight:_____kg_____lbs ☐ Measured ☐ Stated Height:_____ cm ____ ft ____ in

FOR THIS ADMISSION	CURRENT HOME MEDICATIONS	DOSE	ROUTE	FREQ
☐ Continue ☐ Discontinue	Instructions/Indications			
☐ Continue ☐ Discontinue	Instructions/Indications			
☐ Continue ☐ Discontinue	Instructions/Indications			
☐ Continue ☐ Discontinue	Instructions/Indications			

Provider Last Name (Print): | Provider Signature: | ID#:

Date: / / Time: : AM / PM

RN Last Name (Print):

RN Signature: Initials:

Date: / / Time: : AM / PM

Clerk/LVN Signature: Initials:

Date: / / Time: : AM / PM

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THS1041

Day 1

Medicine DVT Risk Assessment Tool

Contraindications to Anticoagulation (consider sequential compression device alone if anticoagulation is contraindicated)	**Risk Factors (1 point each unless otherwise noted)**
Absolute ☐ Active hemorrhage ☐ History of heparin induced thrombocytopenia (HIT) ☐ Current severe hypertension (BP ≥190/110) **Relative** ☐ Active intracranial lesion/neoplasm ☐ Biopsy sites inaccessible to hemostatic control ☐ GI or GU bleed within past 4 weeks ☐ Previous cerebral hemorrhage ☐ Proliferative retinopathy ☐ Recent intraocular or intracranial surgery ☐ Thrombocytopenia or other coagulopathy ☐ Traumatic or repeated epidural or spinal puncture	**Stasis** ☐ Acute COPD exacerbation ☐ Acute MI ☐ Age 40 years or greater ☐ Anticipated immobilization/bed confinement (greater than 24 hrs) ☐ CHF (class III or IV) **(3 points)** ☐ Leg swelling, ulcers or varicose veins ☐ Mechanical ventilation **(3 points)** ☐ Obesity (BMI 30 or greater) ☐ Patient hospitalized, in SNF or nursing home within 90 days **(3 points)** ☐ Pneumonia ☐ Recent confining travel (air or ground) greater than 4 hrs ☐ Spinal cord injury with paresis **(3 points)** ☐ Stroke with paresis **(3 points)** **Hypercoagulability** ☐ Documented history of DVT or PE **(3 points)** ☐ Estrogenic hormone use (estrogen, tamoxifen, etc.) ☐ Family history of DVT or PE ☐ Hypercoagulable states (lupus anticoagulant, etc.) **(3 points)** ☐ Indwelling central venous catheter ☐ Inflammatory bowel disease or systemic vasculitis ☐ Myeloproliferative disorder (non-hemorrhagic) ☐ Nephrotic syndrome ☐ Pregnant, or postpartum less than 1 month ☐ Severe systemic infection or sepsis ☐ Visceral malignancy
Relative Contraindications to Sequential Compression Device ☐ Acute superficial or deep vein thrombosis ☐ CHF (class III or IV) ☐ Severe peripheral artery disease	

Risk Categories and Suggested DVT Prophylaxis

Early ambulation recommended for all patients, if possible.

Low Risk 1 point or less	**Moderate Risk 2 points**	**High Risk 3 points**	**Very High Risk 4 points or greater**
Early ambulation	Heparin or Sequential compression device	Heparin or Enoxaparin [LOVENOX]	Heparin or Enoxaparin [LOVENOX] and Sequential compression device

Anti-coagulation Medication Dosing

Medication	**Usual Dose**	**Comments**
Heparin	5,000 units subcutaneous Q8 hrs	No adjustment needed in renal insufficiency Consider lower dose for small/frail/elderly patient
Enoxaparin [LOVENOX]	40 mg subcutaneous Q24 hrs	For CrCl less than 30 mL per min: 30 mg subcutaneous Q24 hrs

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Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Physician's Orders - Day 1 of 4

FOR THIS ADMISSION	CURRENT HOME MEDICATIONS	DOSE	ROUTE	FREQ
☐ Continue ☐ Discontinue	Instructions/Indications			
☐ Continue ☐ Discontinue	Instructions/Indications			
☐ Continue ☐ Discontinue	Instructions/Indications			
☐ Continue ☐ Discontinue	Instructions/Indications			

Comfort Medications - Do not exceed 4 grams acetaminophen per 24 hrs

- ☐ Acetaminophen [TYLENOL] 650 mg PO Q4 hrs PRN. Specify PRN indication(s) below.
  ☐ Mild pain ☐ Temp. greater than 38.5° C (101.3° F)
- ☐ Docusate [COLACE] 100 mg PO BID (hold for diarrhea)
- ☐ Milk of magnesia 30 mL PO Q12 hrs PRN constipation
- ☐ Aluminum hydroxide/magnesium hydroxide/simethicone [MYLANTA] 30 mL PO Q4 hrs PRN dyspepsia
- ☐ Temazepam [RESTORIL] 15 mg PO Nightly PRN insomnia
- ☐ Diphenhydramine [BENADRYL] 25 mg PO Nightly PRN insomnia
- ☐ Other:

DVT Prophylaxis (Calculate DVT risk from DVT Risk Assessment Tool); Consider lower dose for small/frail/elderly patient

- ☐ Risk assessment completed: pharmacologic prophylaxis risk outweighs benefit
- ☐ Heparin 5,000 units subcutaneous Q8 hrs (moderate, high, or very high DVT risk)
- ☐ Enoxaparin [LOVENOX] 40 mg subcutaneous Q24 hrs (high or very high DVT risk)
- ☐ Enoxaparin [LOVENOX] 30 mg subcutaneous Q24 hrs (high or very high DVT risk, and CrCl less than 30 mL per min)
- ☐ Sequential compression device to lower extremities
- ☐ Other:

Antibiotic - If patient has a cephalosporin or severe penicillin allergy use a quinolone. If TB suspected, HIV positive, or high HIV risk factors present, do not use a quinolone. If patient was treated for pneumonia or with antibiotic within the last 3 months, choose an agent from another class.
WARNINGS: Clarithromycin can interact with many drugs by inhibiting cytochrome P450 (3A subtype).
Do not administer calcium containing solutions concurrently with ceftriaxone or for 48 hrs after last dose.

☐ Ceftriaxone [ROCEPHIN] and Doxycycline	☐ 1 gm IVPB Daily ☐ 100 mg PO Q12 hrs	☐ 100 mg IVPB Q12 hrs
☐ Ceftriaxone [ROCEPHIN] and Clarithromycin [BIAXIN]	☐ 1 gm IVPB Daily ☐ 500 mg PO BID	☐ 500 mg PO Daily (for CrCl less than 30 mL per min)
☐ Ceftriaxone [ROCEPHIN] and Azithromycin [ZITHROMAX]	☐ 1 gm IVPB Daily ☐ 500 mg PO Daily	☐ 500 mg IVPB Daily
☐ Levofloxacin [LEVAQUIN]	☐ 500 mg IVPB Daily ☐ 250 mg IVPB Daily (for CrCl less than 50 mL per min)	☐ 750 mg IVPB Daily

M.D. Signature: _____ ID#: _____

Date: _____ Time: _____

R.N. Signature: _____ Init: _____

Date: _____ Time: _____

Clerk Signature: _____ Init: _____

Date: _____ Time: _____

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T-HS1041

Day 1

Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Physician's Orders - Day 1 of 4

Insulin: **Fingerstick glucose level:** ☐ Before each mealtime and at bedtime ☐ Other:_____

Maintenance insulin:

Give subcutaneous NPH/Regular insulin **30 minutes before meals.**
Give subcutaneous rapid acting (Lispro) insulin **with meals.**
If patient NPO: ☐ Hold Regular/rapid acting insulin. Give ½ maintenance NPH insulin dose
☐ Other:

	Breakfast	Lunch	Dinner	Bedtime
NPH	_____units		_____units	_____units
Regular	_____units	_____units	_____units	
Other:				
Other:				

Supplemental: *(Correction dose)*
(1) **With each fingerstick glucose level before meals**, give additional subcutaneous Regular insulin per glucose level below, unless patient is NPO. (2) **At bedtime**, if glucose is 250 or less, give NO supplemental insulin. If glucose 251 or greater at bedtime, give ½ the supplemental dose selected. (3) If more than 8 units of supplemental insulin required in 24 hrs, call provider to re-assess and adjust maintenance insulin dose.

Less than 70 mg per dL: Hold maintenance Regular or rapid acting insulin for this one dose; continue other insulin. If alert and able to tolerate PO fluids, give 120 mL juice PO now; otherwise give 25 mL D50 slow IVP now. Repeat fingerstick glucose level in 20 min. Call provider to re-assess and adjust insulin dose.

71-150 mg per dL: No supplemental dose required.

☐ **Lower dose:**
151-200: 2 units (None if at bedtime)
201-250: 4 units (None if at bedtime)
251-300: 6 units (3 units if at bedtime)
301-350: 8 units (4 units if at bedtime)
Greater than 350: 10 units, call MD

☐ **Higher dose:**
151-200: 4 units (None if at bedtime)
201-250: 6 units (None if at bedtime)
251-300: 8 units (4 units if at bedtime)
301-350: 10 units (5 units if at bedtime)
Greater than 350: 12 units, call MD

☐ **Other:**
151-200: ___ units (None if at bedtime)
201-250: ___ units (None if at bedtime)
251-300: ___ units (___units if at bedtime)
301-350: ___ units (___units if at bedtime)
Greater than 350: ___ units, call MD

Labs/Tests: **All orders are "next routine" (next a.m. for blood/urine) unless ordered otherwise.**

☐ Blood culture X 2 (now, before antibiotic)
☐ Sputum gram stain (now)
☐ Sputum for AFB smear (now) - obtain AFB smear on all HIV positive or at risk patients
☐ Na, K, Cl, C02, BUN, Cr, Glu
☐ CBC with differential
☐ Sputum for AFB culture (now) - obtain AFB cultures on all HIV positive or at risk patients
☐ AST, ALT, alk phos, bili-T, bili-D
☐ HIV (requires signed consent)

Other:

M.D. Signature: _____ ID#: _____
Date: _____ Time: _____
R.N. Signature: _____ Init: _____
Date: _____ Time: _____
Clerk Signature: _____ Init: _____
Date: _____ Time: _____

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* T - H S 1 0 4 1 *
Day 1
FORM NO. HS1041 (01/02/2008)

Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Physicians Orders - Day 2 of 4

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

INSTRUCTIONS: If an order is desired, please "X" the box; leave blank if not desired. If a pre-checked order is not desired, you may cancel the order by drawing a line through it, followed by your initials.

Assessment:

- ☑ O2 sat by pulse oximetry: ☐ Q24 hrs ☐ Q8 hrs
- ☑ Vital signs: ☐ Q8 hrs ☐ Q4 hrs

Discharge Plan:

☐ Anticipate discharge within the next 24 hrs

GOALS:

- ► Write discharge order by 9:00 a.m. and discharge patient by 12:00 noon
- ► Send discharge medication prescription(s) to pharmacy today
- ► Arrange for home durable medical equipment/supplies as needed

Schedule follow-up outpatient clinic appointment in _____days_____week(s)

Specify clinic/location/MD:_____

☐ Discharge unlikely within the next 24 hrs

Other:

Provider Last Name (Print):			
Provider Signature:	ID#:		
Date: / /	Time: :	AM / PM	
RN Last Name (Print):			
RN Signature:	Initials:		
Date: / /	Time: :	AM / PM	
Clerk/LVN Signature:	Initials:		
Date: / /	Time: :	AM / PM	

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Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Physicians Orders - Day 3 of 4

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

INSTRUCTIONS: If an order is desired, please "X" the box; leave blank if not desired. If a pre-checked order is not desired, you may cancel the order by drawing a line through it, followed by your initials.

Assessment:

- [x] Vital signs Q8 hrs

Treatment:

- [x] Discontinue oxygen therapy
- [ ] If 02 saturation is greater than 94% after 1/2 hr on room air, discontinue pulse oximetry and 02 therapy
- [ ] Convert IV to saline lock; flush per Unit protocol
- [ ] Discontinue sequential compression device

Antibiotics: Discontinue IV antibiotics and start PO antibiotics when patient is improved.

If a pathogen was identified by culture, use sensitivities to guide choice of most cost-effective generic antibiotic (e.g. bactrim or amoxicillin).

Antibiotic - If TB suspected, HIV positive, or high HIV risk factors present, do not use a quinolone. If patient was treated within the last 3 months, choose an agent from another class.
WARNING: Clarithromycin can interact with many drugs by inhibiting cytochrome P450 (3A subtype)

- [ ] Discontinue IV antibiotics

[ ] Doxycycline	[ ] 100 mg PO Q12 hrs	
[ ] Clarithromycin [BIAXIN]	[ ] 500 mg PO BID	[ ] 500 mg PO Daily (for CrCL less than 30 mL per min)
[ ] Azithromycin [ZITHROMAX]	[ ] 500 mg PO Daily	
[ ] Levofloxacin [LEVAQUIN]	[ ] 500 mg PO Daily	[ ] 750 mg PO Daily
	[ ] 250 mg PO Daily (for CrCl less than 50 mL per min)	

Discharge Plan:

- [ ] Anticipate discharge within the next 24 hrs

GOALS:

- ► Write discharge order by 9:00 a.m. and discharge patient by 12:00 noon
- ► Send discharge medication prescription(s) to pharmacy today
- ► Arrange for home durable medical equipment/supplies as needed

Schedule follow-up outpatient clinic appointment in _____days_____week(s)

Specify clinic/location/MD:_____

- [ ] Discharge unlikely within the next 24 hrs

Other:

Provider Last Name (Print):			
Provider Signature:	ID#:		
Date: / /	Time: :	AM / PM	
RN Last Name (Print):			
RN Signature:	Initials:		
Date: / /	Time: :	AM / PM	
Clerk/LVN Signature:	Initials:		
Date: / /	Time: :	AM / PM	

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Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Physicians Orders - Day 4 OR Discharge Day

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

INSTRUCTIONS: If an order is desired, please "X" the box; leave blank if not desired. If a pre-checked order is not desired, you may cancel the order by drawing a line through it, followed by your initials.

Treatment:

☐ Discontinue saline lock ☐ Discontinue IV

Discharge Plan:

☐ Discharge patient today (Goal: discharge by 12:00 noon)
- ☐ Discharge discussed with attending and attending concurs
- ☐ Influenza vaccine and Pneumovax considered prior to discharge

☐ Do not discharge today due to: (Note: pathway orders will continue)
- ☐ Not able to take oral antibiotics, food or fluids
- ☐ Still in respiratory distress
- ☐ Other:

Other:

Provider Last Name (Print):			
Provider Signature:	ID#:		
Date: / /	Time:	:	AM / PM
RN Last Name (Print):			
RN Signature:		Initials:	
Date: / /	Time:	:	AM / PM
Clerk/LVN Signature:		Initials:	
Date: / /	Time:	:	AM / PM

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Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Daily Care Documentation - Day 1 of 4

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

Admission Date: ___/___/____ Time:_____ **On Pathway Date: ___/___/____ Time:_____**

INSTRUCTIONS: Every Pathway Milestone and Care Event must have a "Y","N" or "Not ordered"response. "Y" = Pathway Milestone or Care Event met; "N" = not met. If "N", complete Variance Documentation form. For Care Events only requiring one documentation per 24 hrs., document in Day (D) Shift box and initial in actual shift. Pathway Milestones are in bold. Micro Indicators are italicized.

Care Elements: Care Events/Outcomes	Not Ordered	(N) Shift			(D) Shift			(E) Shift			(N) Shift		
		Y	N	Init.	Y	N	Init.	Y	N	Init.	Y	N	Init.
1. Assessment													
1. *O2 saturation 90% or greater*		☐	☐		☐	☐		☐	☐		☐	☐	
2. *Respiratory rate is less than 26*		☐	☐		☐	☐		☐	☐		☐	☐	
2. Physician Notification													
1. *Emergent signs and symptoms absent*		☐	☐		☐	☐		☐	☐		☐	☐	
• Systolic BP less than 90 or greater than 160 mm Hg • Diastolic BP less than 60 or greater than 110 mm Hg • Temp greater than 39.4° C (103.0° F) • Pulse less than 50 or greater than 110 BPM • Resp. rate less than 12 or greater than 26 • O2 saturation less than 90% with or without O2 administered • New onset chest pain • Altered mental status • Suspected allergic or toxic reaction to medications													
3. Consults													
1. All consults obtained as ordered	☐				☐	☐							
4. Diet													
1. Consumed and tolerated ordered diet		☐	☐		☐	☐		☐	☐		☐	☐	
5. Activity													
1. Patient able to ambulate with minimal assistance		☐	☐		☐	☐		☐	☐		☐	☐	
6. Teaching Plan													
1. Patient verbalizes understanding of pain scale and pain intervention options					☐	☐							
2. CRM inpatient teaching guide given to patient/family/significant other					☐	☐							
7. Medication													
1. *All medication administered as ordered*	☐	☐	☐		☐	☐		☐	☐		☐	☐	
2. *Patient free of adverse drug reaction*	☐	☐	☐		☐	☐		☐	☐		☐	☐	
3. **Initial dose of IV antibiotics administered within 4 hours of initial triage**					☐	☐							
8. Treatment													
1. All treatments completed as ordered	☐	☐	☐		☐	☐		☐	☐		☐	☐	
9. Labs/Tests													
1. All diagnostic tests performed as ordered	☐				☐	☐							
2. **Blood culture collected prior to antibiotic administration**					☐	☐							

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

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T-HS1041

Day 1

Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Daily Care Documentation - Day 1 of 4

Care Elements: Care Events/Outcomes	Not Ordered	(N) Shift			(D) Shift			(E) Shift			(N) Shift		
		Y	N	Init.	Y	N	Init.	Y	N	Init.	Y	N	Init.
10. Discharge Plan													
1. Discharge plan initiated					☐	☐							
Additional documentation:(not for variance tracking - for unusual patient activity not recorded on any other existing patient care form)													

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

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Day 1

FORM NO. HS1041 (01/02/2008)

County of Los Angeles | Department of Health Services

Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Daily Care Documentation - Day 1 of 4

Date: ___/___/____

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

Instructions: 1-Record Care Element # (for Pathway Milestones, use "M"), Care Event #, Date & Time; 2-Use Problem statement or NsgDx to describe variance; 3-Record action(s) taken; 4-Initial entry and sign at bottom; 5-Record date, time and outcome(s); 6-Initial entry and sign at bottom.

Element #:	**Event #:**	**Time:**	**Outcome:**
Description:			
Action:			
		Init.:	**Date:** / / **Time:** **Init.:**

Element #:	**Event #:**	**Time:**	**Outcome:**
Description:			
Action:			
		Init.:	**Date:** / / **Time:** **Init.:**

Element #:	**Event #:**	**Time:**	**Outcome:**
Description:			
Action:			
		Init.:	**Date:** / / **Time:** **Init.:**

Element #:	**Event #:**	**Time:**	**Outcome:**
Description:			
Action:			
		Init.:	**Date:** / / **Time:** **Init.:**

Signature/Title: ____________ Init.: ______ Date: ______

Signature/Title: ____________ Init.: ______ Date: ______

Signature/Title: ____________ Init.: ______ Date: ______

Signature/Title: ____________ Init.: ______ Date: ______

Signature/Title: ____________ Init.: ______ Date: ______

Signature/Title: ____________ Init.: ______ Date: ______

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Day 1

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Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Daily Care Documentation - Day 2 of 4

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INSTRUCTIONS: Every Pathway Milestone and Care Event must have a "Y","N" or "Not ordered"response. "Y" = Pathway Milestone or Care Event met; "N" = not met. If "N", complete Variance Documentation form. For Care Events only requiring one documentation per 24 hrs., document in Day (D) Shift box and initial in actual shift. Pathway Milestones are in bold. Micro Indicators are italicized.

Care Elements: Care Events/Outcomes	Not Ordered	(D) Shift			(E) Shift			(N) Shift		
		Y	N	Init.	Y	N	Init.	Y	N	Init.
1. Assessment										
1. *O2 saturation 90% or greater*		☐	☐		☐	☐		☐	☐	
2. Respiratory rate is less than 26		☐	☐		☐	☐		☐	☐	
3. Advance directive discussed with patient and if assistance is needed, Social Services notified		☐	☐							
2. Physician Notification										
1. *Emergent signs and symptoms absent*		☐	☐		☐	☐		☐	☐	
• Systolic BP less than 90 or greater than 160 mm Hg • Diastolic BP less than 60 or greater than 110 mm Hg • Temp greater than 39.4° C (103.0° F) • Pulse less than 50 or greater than 110 BPM • Resp. rate less than 12 or greater than 26 • O2 saturation less than 90% with or without O2 administered • New onset chest pain • Altered mental status • Suspected allergic or toxic reaction to medications										
3. Consults										
1. All consults obtained as ordered	☐	☐	☐							
4. Diet										
1. Consumed and tolerated ordered diet		☐	☐		☐	☐		☐	☐	
5. Activity										
1. Patient ambulatory and able to perform self care with minimal assistance		☐	☐		☐	☐		☐	☐	
6. Teaching Plan										
1. *Patient/family/significant other verbalizes understanding of CRM inpatient teaching guide*		☐	☐							
7. Medication										
1. *All medication administered as ordered*	☐	☐	☐		☐	☐		☐	☐	
2. *Patient free of adverse drug reaction*	☐	☐	☐		☐	☐		☐	☐	
8. Treatment										
1. All treatments completed as ordered	☐	☐	☐		☐	☐		☐	☐	
9. Labs/Tests										
1. All diagnostic tests performed as ordered	☐	☐	☐		☐	☐		☐	☐	

Additional documentation:(not for variance tracking - for unusual patient activity not recorded on any other existing patient care form)

Signature/Title:_____ Init.:_____ Date:_____

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Day 2

Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Daily Care Documentation - Day 2 of 4

Date: ___/___/____

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

Instructions: 1-Record Care Element # (for Pathway Milestones, use "M"), Care Event #, Date & Time; 2-Use Problem statement or NsgDx to describe variance; 3-Record action(s) taken; 4-Initial entry and sign at bottom; 5-Record date, time and outcome(s); 6-Initial entry and sign at bottom.

Element #:	Event #:	Time:	Outcome:
Description:			
Action:			
		Init.:	Date: / / Time: Init.:

Element #:	Event #:	Time:	Outcome:
Description:			
Action:			
		Init.:	Date: / / Time: Init.:

Element #:	Event #:	Time:	Outcome:
Description:			
Action:			
		Init.:	Date: / / Time: Init.:

Element #:	Event #:	Time:	Outcome:
Description:			
Action:			
		Init.:	Date: / / Time: Init.:

Signature/Title: Init.: Date:

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T-HS1041

Day 2

Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Daily Care Documentation - Day 3 of 4

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

INSTRUCTIONS: Every Pathway Milestone and Care Event must have a "Y","N" or "Not ordered"response. "Y" = Pathway Milestone or Care Event met; "N" = not met. If "N", complete Variance Documentation form. For Care Events only requiring one documentation per 24 hrs., document in Day (D) Shift box and initial in actual shift. Pathway Milestones are in bold. Micro Indicators are italicized.

Care Elements: Care Events/Outcomes	Not Ordered	(D) Shift			(E) Shift			(N) Shift		
		Y	N	Init.	Y	N	Init.	Y	N	Init.
1. Assessment										
1. *O2 saturation 90% or greater on room air*		☐	☐		☐	☐		☐	☐	
2. *Respiratory rate is less than 24*		☐	☐		☐	☐		☐	☐	
3. Afebrile, temp. less than 37.8° C (100.0° F)		☐	☐		☐	☐		☐	☐	
2. Physician Notification										
1. *Emergent signs and symptoms absent*		☐	☐		☐	☐		☐	☐	
• Systolic BP less than 90 or greater than 160 mm Hg • Diastolic BP less than 60 or greater than 110 mm Hg • Temp greater than 39.4° C (103.0° F) • Pulse less than 50 or greater than 110 BPM • Resp. rate less than 12 or greater than 26										
• O2 saturation less than 90% with or without O2 administered • New onset chest pain • Altered mental status • Suspected allergic or toxic reaction to medications										
3. Consults										
1. All consults obtained as ordered	☐	☐	☐							
4. Diet										
1. Consumed and tolerated ordered diet		☐	☐		☐	☐		☐	☐	
5. Activity										
1. Patient able to perform and tolerate ad lib activities		☐	☐		☐	☐		☐	☐	
6. Teaching Plan										
1. CRM post-discharge teaching guide given to patient/family/significant other		☐	☐							
7. Medication										
1. *All medication administered as ordered*	☐	☐	☐		☐	☐		☐	☐	
2. *Patient free of adverse drug reaction*	☐	☐	☐		☐	☐		☐	☐	
8. Treatment										
1. IV converted to saline lock	☐	☐	☐							
2. All treatments completed as ordered	☐	☐	☐							
9. Labs/Tests										
1. All diagnostic tests performed as ordered	☐	☐	☐							
10. Discharge Plan										
1. Discharge transportation arranged/confirmed	☐	☐	☐							

Additional documentation:(not for variance tracking - for unusual patient activity not recorded on any other existing patient care form)

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

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Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Daily Care Documentation - Day 3 of 4

Care Elements: Care Events/Outcomes	Not Ordered	(D) Shift			(E) Shift			(N) Shift		
		Y	N	Init.	Y	N	Init.	Y	N	Init.
Additional documentation:(not for variance tracking - for unusual patient activity not recorded on any other existing patient care form)										

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

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Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Daily Care Documentation - Day 3 of 4

Date: ___/___/____

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

Instructions: 1-Record Care Element # (for Pathway Milestones, use "M"), Care Event #, Date & Time; 2-Use Problem statement or NsgDx to describe variance; 3-Record action(s) taken; 4-Initial entry and sign at bottom; 5-Record date, time and outcome(s); 6-Initial entry and sign at bottom.

Element #:	Event #:	Time:	Outcome:
Description:			
Action:			
		Init.:	Date: / / Time: Init.:
Element #:	Event #:	Time:	Outcome:
Description:			
Action:			
		Init.:	Date: / / Time: Init.:
Element #:	Event #:	Time:	Outcome:
Description:			
Action:			
		Init.:	Date: / / Time: Init.:
Element #:	Event #:	Time:	Outcome:
Description:			
Action:			
		Init.:	Date: / / Time: Init.:

Signature/Title:	Init.:	Date:
Signature/Title:	Init.:	Date:
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Signature/Title:	Init.:	Date:
Signature/Title:	Init.:	Date:
Signature/Title:	Init.:	Date:

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Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Daily Care Documentation - Day 4 OR Discharge Day

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

INSTRUCTIONS: Every Pathway Milestone and Care Event must have a "Y","N" or "Not ordered"response. "Y" = Pathway Milestone or Care Event met; "N" = not met. If "N", complete Variance Documentation form. For Care Events only requiring one documentation per 24 hrs., document in Day (D) Shift box and initial in actual shift. Pathway Milestones are in bold. Micro Indicators are italicized.

Care Elements: Care Events/Outcomes	Not Ordered	(D) Shift			(E) Shift			(N) Shift		
		Y	N	Init.	Y	N	Init.	Y	N	Init.
1. Assessment										
1. *O2 saturation greater than 90 % on room air*		☐	☐		☐	☐		☐	☐	
2. *Respiratory rate is less than 20*		☐	☐		☐	☐		☐	☐	
3. *Afebrile, temp. less than 37.8° C (100.0° F)*		☐	☐		☐	☐		☐	☐	
2. Physician Notification										
1. *Emergent signs and symptoms absent*		☐	☐		☐	☐		☐	☐	
• Systolic BP less than 90 or greater than 160 mm Hg • Diastolic BP less than 60 or greater than 110 mm Hg • Temp greater than 39.4° C (103.0° F) • Pulse less than 50 or greater than 110 BPM • Resp. rate less than 12 or greater than 26 • O2 saturation less than 90% with or without O2 administered • New onset chest pain • Altered mental status • Suspected allergic or toxic reaction to medications										
3. Consults										
1. All consults obtained as ordered	☐	☐	☐							
4. Diet										
1. Consumed and tolerated ordered diet		☐	☐		☐	☐		☐	☐	
5. Activity										
1. Patient able to perform and tolerate ad lib activities		☐	☐		☐	☐		☐	☐	
6. Teaching Plan										
1. *Patient/family/significant other received CRM post-discharge teaching guide and verbalizes understanding of diet, activity and exercise, medications, smoking cessation and counseling including secondhand smoke, follow-up appointment, what to do if symptoms worsen and when to seek medical care*		☐	☐							
7. Medication										
1. *Pneumovax vaccine given*	☐	☐	☐							
2. *Influenza vaccine given*	☐	☐	☐							
3. *All medication administered as ordered*	☐	☐	☐		☐	☐		☐	☐	
4. *Patient free of adverse drug reaction*	☐	☐	☐		☐	☐		☐	☐	
5. Patient tolerating PO medication(s)		☐	☐		☐	☐		☐	☐	
8. Treatment										
1. Saline lock removed	☐	☐	☐							
2. All treatments completed as ordered	☐	☐	☐							
9. Labs/Tests										
1. All diagnostic tests performed as ordered	☐	☐	☐							

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

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THS1041

Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)

Daily Care Documentation - Day 4 OR Discharge Day

Care Elements: Care Events/Outcomes	Not Ordered	(D) Shift			(E) Shift			(N) Shift		
		Y	N	Init.	Y	N	Init.	Y	N	Init.
10. Discharge Plan										
1. *A clinic follow-up appointment is scheduled within the next 30 days*	☐	☐	☐							
2. Patient has sufficient medication to last until first clinic appointment	☐	☐	☐							
3. *Patient/family/significant other accepted and demonstrated understanding of need for continuation of oral antibiotics*	☐	☐	☐							
4. Patient demonstrates achievement of activity level sufficient for basic self care	☐	☐	☐							
5. **Discharge orders written by 9:00 a.m.**	☐	☐	☐							
6. **Patient discharged by 12:00 Noon**		☐	☐							
7. **Patient to be discharged today**		☐	☐							

Additional documentation:(not for variance tracking - for unusual patient activity not recorded on any other existing patient care form)

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

Signature/Title:_____ Init.:_____ Date:_____

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T-HS1041

County of Los Angeles | Department of Health Services

Community Acquired (Non-Institutional) Pneumonia (Ward/Stepdown)
Daily Care Documentation - Day 4 OR Discharge Day

Date: ___/___/____

This is a general guideline and does not represent a professional care standard governing provider obligations to patients. Care is revised to meet individual patient needs.

Instructions: 1-Record Care Element # (for Pathway Milestones, use "M"), Care Event #, Date & Time; 2-Use Problem statement or NsgDx to describe variance; 3-Record action(s) taken; 4-Initial entry and sign at bottom; 5-Record date, time and outcome(s); 6-Initial entry and sign at bottom.

Element #: | **Event #:** | **Time:** | **Outcome:** ____

Description: ____

Action: ____

Init.: ____ | **Date:** / / | **Time:** | **Init.:** ____

Element #: | **Event #:** | **Time:** | **Outcome:** ____

Description: ____

Action: ____

Init.: ____ | **Date:** / / | **Time:** | **Init.:** ____

Element #: | **Event #:** | **Time:** | **Outcome:** ____

Description: ____

Action: ____

Init.: ____ | **Date:** / / | **Time:** | **Init.:** ____

Element #: | **Event #:** | **Time:** | **Outcome:** ____

Description: ____

Action: ____

Init.: ____ | **Date:** / / | **Time:** | **Init.:** ____

Signature/Title: ____ Init.: ____ Date: ____

Signature/Title: ____ Init.: ____ Date: ____

Signature/Title: ____ Init.: ____ Date: ____

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Signature/Title: ____ Init.: ____ Date: ____

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T-HS1041

You are recovering from pneumonia…what's next?

You are recovering from an infection in your lungs. We want you to be as comfortable as possible while you recover. **Here's what will happen in the next few days:**

What will I be able to eat?

- You will be given a healthy diet that will help you get well.
- Unless you have specific restrictions, you will eat a regular diet.

When will I be able to get out of bed?

- You may require help getting out of bed the first time, so ask your nurse.
- You should spend as much time out of bed as is comfortable.
- If you are having any pain, you may ask your nurse for pain medication before walking.
- Be sure to tell your nurse if you are light headed or dizzy.

What if I have pain?

- If you have pain, tell your nurse. You will be asked to rate your pain on a scale of 0 to 10 (0 = no pain and 10 = worst pain).
- You may be given pills to control your pain.
- You may get medication by IV and by pills. As you get better, you may take some or all of your medication by pill.

How do I know if I'm getting better?

- Your blood pressure, pulse, temperature and breathing will be checked during the day and night. If there are any changes, the doctor will be called.
- The nurse will measure your intake (everything you eat and drink) and output (urine and stool) to make sure your body has returned to its normal function.
- If you have problems breathing, call your nurse immediately.

What else will happen while I'm here?

- You may need oxygen if your levels are too low. It will be checked often.
- You may be asked to do breathing exercises, such as coughing and deep breathing.
- You may have blood drawn and a chest X-ray to make sure your lungs are okay.
- You may be seen by a social worker.

When can I go home?

- Your doctor or nurse will tell you when you will be ready to go home.
- The nurse will go over ALL discharge instructions with you.
- Your IV catheter will be removed.
- Please plan to have someone pick you up by 12 noon.
- You may get prescriptions/medication(s) before going home and a clinic appointment will be scheduled.
- Your doctor will talk to you about limits on your activity and when you can return to work.

What else do I need to know?

- If you smoke, STOP! Smoking slows healing so it will take longer to get better.
- Talk to your doctor or nurse if you need help quitting. You can also call 1-800-No-Butts (1-800-662-8887). You are not alone, we can help.
- If you have any questions or are not sure about something, ask your nurse.

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Usted esta recuperándose de neumonía…que sigue?

Usted esta recuperándose de una infección en sus pulmones. Queremos que se sienta lo mas cómodo posible mientras se recupera. **Aquí es lo que va a pasar durante los siguientes días:**

Que es lo que puedo comer?

- Se le dará una dieta saludable que le ayudara mejorarse.
- A menos que usted tenga restricciones especificas, usted puede comer una dieta regular.

Cuando podré levantarme de la cama?

- Puede ser que usted necesite ayuda levantándose de la cama por primera vez, por lo cual debe de preguntarle a su enfermera.
- Usted debe de pasar el mayor tiempo posible fuera de cama, tal es confortable.
- Si usted tiene algún dolor, puede pedirle medicamento para el dolor a su enfermera antes de caminar.
- Asegúrese de decirle a su enfermera si tiene sensación de desmayo o mareos.

Y si tengo dolor?

- Si usted tiene dolor, dígale a su enfermera. Se le pedirá que describa su dolor en una escala del 0 al 10 (0 = ningún dolor y 10 = el peor dolor).
- Puede ser que le den pastillas para controlar su dolor.
- Puede ser que le den medicamento por medio de suero y pastillas. Tal se vaya mejorando, usted podrá tomar algunos o todos sus medicamentos por medio de pastilla.

Como reconozco si estoy mejorando?

- Su presión de sangre, pulso, temperatura y respiración se le revisara durante el día y la noche. Si hay algún cambio, se le llamara al doctor.
- La enfermera le medirá lo que consuma (todo lo que come y bebe) y lo que desecha (orina y excremento) para asegurar que su organismo ha regresado a sus funciones normales.
- Si usted tiene problemas respirando, llame a su enfermera inmediatamente.

Que mas pasara mientras estoy aquí?

- Puede ser que usted necesite oxigeno si su altura esta muy baja. Se le revisara frecuentemente.
- Puede ser que le pidan que haga ejercicios de respiración, como toser y respirar profundamente.
- Puede ser que le saquen sangre y le tomen una radiografía de su pecho para asegurar que sus pulmones están bien.
- Puede ser que sea visto por un trabajador social.

Cuando puedo irme a mi casa?

- Su doctor o enfermera le dirá cuando usted esta listo(a) para irse a casa.
- La enfermera revisara TODAS las instrucciones de alta con usted.
- Su sonda de suero (IV) será terminado.
- Por favor proponga que alguien venga por usted para las 12 del medio día.
- Puede ser que usted reciba receta/medicamento(s) antes de irse a casa y una cita de clínica será establecida.
- Su doctor le hablara de los limites de su actividad y cuando puede regresar a trabajar.

Que mas debo saber?

- Si fuma, PARE! Fumar lo(a) hará sanar lentamente y tardara más para que mejore.
- Hable con su doctor o enfermera si necesita ayuda para dejar de fumar. También puede llamar al 1-800-No-Butts (1-800-662-8887). No esta solo(a), podemos ayudar.
- Si tiene alguna pregunta o no esta seguro(a) de algo, pregúntele a su enfermera.

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Thank you for choosing the County of Los Angeles Department of Health Services as your Health Care Provider

Clinical Resource Management

Pathways to Excellence

Questions/Notes

_____

_____

_____

_____

_____

_____

Your Follow-up Appointment(s)

Date_____Time_____

Location_____

Phone Number_____

Date_____Time_____

Location_____

Phone Number_____

It is very important to keep all appointments for follow-up care. If you are unable to keep your clinic appointment(s), please call and let us know.

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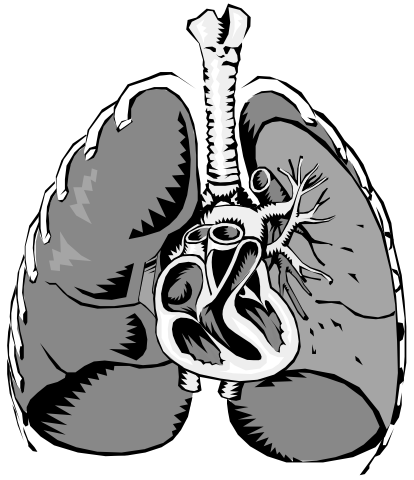
County of Los Angeles Department of Health Services

Recovering from pneumonia:

Now that you are home from the hospital, it is important that you rest and take care of yourself.

This guide will help you to get healthy again. It will tell you about caring for yourself.

We hope you feel better very soon!



Community Acquired Pneumonia

What is pneumonia?

Pneumonia is an infection of the lungs. It may take up to four weeks before you are able to start all of your normal activities.

How active should I be?

- During your first weeks at home, let comfort be your guide. Rest as much as you need to.
- Start normal activities as soon as possible. This will help keep your lungs clear.
- Walk as much as is comfortable. Rest when you feel tired.

What activities should I avoid?

- Do not do exercises that make you feel dizzy or short of breath.
- Do not drive or operate machinery while taking pain medication(s) because it may cause drowsiness.
- Do not drink alcohol while taking pain medication(s).

What should I do at home?

- Sleep at least eight hours each night.

How do I avoid getting an infection?

- Maintain proper hygiene by washing your hands.
- Always wash your hands after coughing.
- Cough your mouth when you cough.
- Use tissues instead of a handkerchief.

What should I eat?

You may start eating your regular foods. Healthy foods will help you heal. Eat foods that are high in fiber, vitamin C, protein and calcium.

You may become constipated from taking your medication. To avoid this, eat plenty of fruits and vegetables each day**.** Drink lots of water too!

Will I have to take medication?

You may get antibiotics and pain medication(s). It is very important to take all of your antibiotics even if you feel better. Antibiotics only work if you take ALL of them. Follow all directions given to you by the doctor or nurse.

Is it okay if I smoke?

If you smoke, STOP. Smoking slows healing so it takes longer to get better. Talk to your doctor or nurse if you need help quitting. You can also call 1-800-No-Butts (1-800-662-8887). You are not alone, we can help.

When should I call my doctor/clinic?

- If you get a fever (temperature over 101º F).
- If you have chest pain or trouble breathing.
- If you are sick to your stomach, vomit, are unable take your pills or keep your food down.
- If you get a rash or hives after taking medication(s).
- If you can not stop coughing.
- If you cough up green, yellow, dark brown or red mucus.
- If you feel weak or dizzy.

Gracias por elegir El Departamento de Salud del Condado de Los Ángeles como el Proveedor del Cuidado de su Salud

Clinical Resource Management

Pathways to Excellence

Preguntas/Notas

_____

_____

_____

_____

_____

_____

Su próxima cita(s)

Fecha_____Hora_____

Lugar_____

Numero de teléfono_____

Fecha_____Hora_____

Lugar_____

Numero de teléfono_____

Es muy importante que mantenga todas sus citas. Si usted no puede presentarse a su cita(s) de clínica, haga el favor de llamarnos con tiempo.

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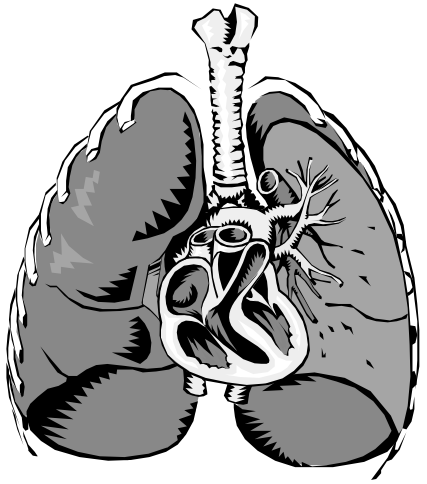
El Departamento de Servicios de Salud del Condado de Los Ángeles

Recuperando de neumonía:

Ahora que esta de regreso del hospital y en casa, es importante que usted descanse y se cuide.

Este guía le ayudara a usted obtener su salud nuevamente. Le dirá como cuidarse.

Esperamos que se sienta mejor muy pronto!



Neumonía Contraída por la Comunidad

Que es neumonía?

Neumonía es una infección de los pulmones. Puede tomar hasta cuatro semanas antes de que usted pueda empezar su actividad normal.

Que activo(a) debo de ser?

- Durante sus primeras semanas en casa, deje que su comodidad sea su guía. Descanse tal como usted lo sienta necesario.
- Regrese a sus actividades lo más pronto posible, esto mantendrá sus pulmones claros.
- Camine los mas que pueda a su comodidad. Descanse cuando se sienta cansado(a).

Que actividades debo de evitar?

- No haga ejercicios que lo maree o lo deje corto de respiración.
- No maneje ni opere maquinaria mientras este tomando medicamento(s) para el dolor porque puede causarle somnolencia..
- No tome bebidas alcohólicas mientras este tomando medicamento(s) para el dolor.

Que debo de ser en casa?

- Duerma por lo menos ocho horas cada noche.

Como evito de conseguir una infección?

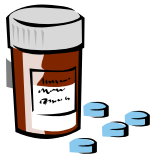
- Mantenga higiene apropiado lavándose las manos.
- Siempre lávese las manos después de toser.
- Tápese la boca cuando tose.
- Use servilletas de papel en vez de un pañuelo.

Que debo comer?

Usted puede consumir su comida regular. Alimentos saludables le ayudara a reponerse. Coma alimentos que son altas en fibra, vitamina C, proteína y calcio.

Puede estreñirse por causa de los medicamentos. Para evitar estreñimiento, coma bastante frutas y vegetales cada día. Tome mucha agua también!

Es necesario que tome medicamento?



Es muy importante que tome todos sus antibióticos, aunque usted se sienta mejor. Los antibióticos solamente son efectivos si se los toma TODOS. Esto le evitara conseguir neumonía de nuevo. Siga todas las órdenes de su doctor.

Esta bien que fume?

Si fuma, PARE. Fumando lo(a) hará sanar lentamente y tardara mas para que mejore. Hable con su doctor o enfermera si necesita ayuda para dejar de fumar. También puede llamar al 1-800-No-Butts (1-800-662-8887). No esta solo(a), podemos ayudar.

Cuando debo de llamar a mi doctor/clínica?

- Si tiene fiebre (temperatura mas de 101º F).
- Si tiene dolor en el pecho o dificultad al respirar.
- Si se siente mal del estomago, vomito, no puede tomar sus pastillas o mantener comida.
- Si después de tomar su medicamento(s), le salen ronchas o sarpullido.
- Si no puede parar de toser.
- Si tiene tos con flema verde o amarrillo.
- Si se siente débil o mareado(a).