Measure and record vital signs
Record all values, even if normal. Record additional information in chart.

Respiratory rate (measure for 60 sec)
Temperature
Blood pressure
Pulse
Oxygenation
Chest auscultation & exam
Level of consciousness
Hemodynamically stable (relative to baseline)
Hydration <1L/day

Resident Label

(1) PRACTICE POINT
• Respiratory rate ≥25 bpm is highly specific and sensitive for NHAP
• Respiratory rate ≥40 bpm may be an indication for transfer to hospital
• If resident has problems swallowing, consider aspiration pneumonia

(2) PRACTICE POINT
• If cough and fever are present, consider viral respiratory tract infection, especially influenza during November to April. Refer to Public Health Guidelines for case definitions.
• If chest pain and elevated temperature are absent, consider another diagnosis (for example CHF).

(3) PRACTICE POINT
Transfer to acute care for chest x-ray alone is not required.

(4) PRACTICE POINT
• If cough and fever are present, consider viral respiratory tract infection, especially influenza during November to April. Refer to Public Health Guidelines for case definitions.
• If chest pain and elevated temperature are absent, consider another diagnosis (for example CHF).

Prescriber Information
Initiate antibiotic therapy within 4-8 hrs of symptom onset
First line
Amoxicillin 1g PO tid x 7 days*
Alternative
Amoxicillin-Clavulanate 875mg PO bid x 7 days*
or Levofloxacin alone 750mg PO daily x 7 days
*Consider adding one of the following if underlying pulmonary disease:
Doxycycline 200mg PO once, then 100mg PO bid x 7 days
or Azithromycin 500mg PO daily x 3 days
or Clarithromycin 500mg PO bid or XL 1g PO daily x 7 days

If unable to administer PO, consider transfer to acute care for IV therapy
If aspiration pneumonia is suspected, consult Bugs & Drugs or pharmacist for choice of antibiotic

THIS FORM CANNOT BE USED TO ORDER LABORATORY TESTS OR MEDICATIONS

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