



# Pneumonia


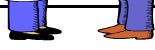


## National Hospital Quality Measures Documentation Protocols

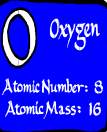



Please do NOT chart by exception for EBM measures. Chart the results of your assessment every time!!

Measure	Who	When	What to Document	Where to Document	*Special Situations	Why?
 <b>Pneumococcal Vaccination</b>	Nurse	On Admission	<b>Pneumococcal Status</b> > 5 yrs < 5 yrs Refused Contraindicated Unknown or Never*		If status is <i>unknown</i> or <i>never</i> , follow up with physician to determine status and/or see that vaccination is ordered. If you find out that pt is current, document so in the GAH. <b>DO NOT CHART BY EXCEPTION!</b>	Recommendations for adult immunizations with influenza & pneumococcal vaccines published by Infectious Diseases Society of America (IDSA), Advisory Committee on Immunization Practices (ACIP), British Thoracic Society (BTS), Canadian Infectious Disease Society (CIDS) to reduce reoccurrence of disease.
	UC	On Admission	EBM-CAP Orderset		If direct admission, ED Admit,	
 <b>Smoking Cessation Counseling</b>	Nurse	On Admission	<b>Tobacco Use within last 12 months</b> Y,N <b>Do you want Help Quitting</b> Y, Refused	GAH	If unable to counsel pt on admission, then follow up	Cigarette smoking accounts for 1 out of 5 deaths in the United States. Pts who receive even brief smoking cessation advice from their provider are more likely to quit than those who receive no counseling (Public Health Service, 2000)
	UC	On Admission	EBM-CAP Orderset Determine if pt is a smoking by reviewing nursing notes		If direct admission, ask physician if they would like to use the EBM CAP Orderset. If ED Admit, put EBM orderset on the pts chart if pneumonia dx on admission.	



 <p>Get Blood Cultures Before Antibiotics</p> <p><b>Blood Cultu</b></p>	<p><b>Nurse</b></p>	<p>Prior to administration of antibiotics, if cultures are ordered</p>	<p><b>AUTOMATIC</b></p>		<p>It is NOT required that every pt have blood cultures draw, but if they are ordered, then <b>MUST</b> be drawn before antibiotics are administered</p>	 <p>Association between blood cultures within 24 hrs of arrival and a lower 30 day mortality rate (JAMA, 1997)</p>
	<p><b>UC</b></p>	<p>On Admission</p>	<p>EBM-CAP Orderset</p>		<p>If direct admission, If ED Admit,</p>	
 <p><b>Antibiotic Timing</b></p>	<p><b>Nurse</b></p>	<p>Within 4 hours of pt arrival to facility</p>	<p><b>Time antibiotics administered</b></p>		<p>Be sure physician orders for antibiotics for Pneumonia pts are expedited. If pt is a direct admit, administer meds <b>STAT</b>. <u>DO NOT wait</u> to administer at scheduled med administration times.</p>	<p>15% decreased mortality rate when antibiotics given within first 4 hours of arrival (JAMA, 1997)</p>
	<p><b>UC</b></p>	<p>On Admission</p>	<p>EBM-CAP Orderset</p>		<p>If direct admission, ask physician if they would like to use the EBM CAP Orderset. Also be sure admitting physicians order antibiotics <b>STAT</b>. If ED Admit, put EBM orderset on the pts chart if pneumonia dx on admission.</p>	
 <p><b>Antibiotic Selection</b></p>	<p><b>Nurse</b></p>	<p>Within first 24 hours of pts arrival to facility</p>	<p>Antibiotics administered are consistent with current guidelines</p>		<p>If physician has not ordered meds consistent with current guidelines, contact physician to discuss an updated order. For current guidelines, please contact your unit pharmacist.</p>	<p>Significant reductions in mortality for pts treated with antibiotic combinations that are effective against both pneumococcus and atypical organisms (Arch Intern Med, 1999)</p>
	<p><b>UC</b></p>	<p>On Admission</p>	<p>NON ICU pt. For ICU pt follow</p>		<p>If direct admission, Also be sure admitting physicians order antibiotics STAT. If ED Admit, If Pt is an ICU pt,</p>	

 <b>Oxygen Assessment</b>	<b>Nurse</b>	within 24 hours before or after arrival to facility	<b>Pulse Oximetry or ABG</b>			Giving supplemental oxygen when necessary, has been shown to decrease mortality among pneumonia pts (JAMA, 1990)
	<b>Unit Clerk</b>	On Admission			If direct admission, If ED Admit,	
 <b>Influenza Vaccine</b>	<b>Nurse</b>	On admission	<b>Flu Vaccine this season (Oct - Feb)</b> Yes Allergic Refused No*		If no and pt is > 50, follow up with physician and see that vaccine is given. For 2004-2005, due to lack of vaccine give available vaccine to pts who are considered at high risk. *Also if vaccination is ordered but you are unable to give it due to lack of availability please chart "not available" in Med Charting.	Recommendations for adult immunizations with influenza & pneumococcal vaccines published by Infectious Diseases Society of America (IDSA), Advisory Committee on Immunization Practices (ACIP), British Thoracic Society (BTS), Canadian Infectious Disease Society (CIDS) to reduce reoccurrence of disease.
	<b>UC</b>	On Admission			If direct admission, ask physician if they would like to use . If ED Admit,	