



Community Acquired Pneumonia - Adult Emergency Department Outpatient Prescription / Information

- Purpose:**
- To relay information and instructions re: patients visit to Emergency for Pneumonia.
 - Provide Guidelines for admitting / discharge decision (see back)

When patient sent home from Emergency:

- Complete each section with a ✓ in appropriate space.
- Review instructions with patient / family.
- Instruct patient to show copy to other health providers.
- Give Patient "Pneumonia Facts" Booklet

Patient Name _____

Date Of Birth _____

Patient ID # _____

Please press firmly - you are making multiple copies

1. Location:	
<input type="checkbox"/> Peter Lougheed ED (943-8999)	<input type="checkbox"/> Foothills ED (944-1315)
<input type="checkbox"/> Rockyview ED (943-3450)	<input type="checkbox"/> 8th&8th Community Health Center (781-1200)
<input type="checkbox"/> Other _____	
2. Treatment for:	
<input type="checkbox"/> R Pneumonia <input type="checkbox"/> L Pneumonia	
3. Prescription - Community Pharmacist to Provide	
Patient Name _____	
Date _____	
<ul style="list-style-type: none"> Patient to start antibiotics as soon as possible. 	
<input type="checkbox"/> Clarithromycin 500 mg po BID X 10 days	<input type="checkbox"/> Levofloxacin 500 mg po daily for 10 days
<input type="checkbox"/> Azithromycin 500 mg po X once then 250 mg X 4 days	<input type="checkbox"/> Doxycycline 200 mg po once, then 100 mg po daily X 9 days
Other (describe) _____	
Physician Name:	Physician Signature
4. Additional Information:	
ABG's or O ₂ saturation _____ Lab: _____	
Other: _____	
5. Recommendations: For The Family Physician	
Physician Name: (first name) _____ (last name) _____	
<ul style="list-style-type: none"> CXR in 8 weeks to ensure radiographic clearing if: >50 years OR Smoker Pneumococcal vaccine in 6-8 weeks if: <ol style="list-style-type: none"> Never received AND Eligible; age >65 OR comorbid conditions (See guidelines or call 571-9190 Communicable Disease) Flu vaccine if applicable (65 years or comorbid conditions) 	
6. For The Patient	
<ul style="list-style-type: none"> If you do not start to feel improved within 3-5 days of starting treatment OR your symptoms become worse (increased shortness of breath, chest pain, rapid heart rate, fever, chills, coughing up phlegm, feeling sick to your stomach or diarrhea) Please Seek Medical Attention It is important you complete your <u>Entire Course</u> of Antibiotics even if you start feeling better Begin your antibiotics as soon as possible 	
Follow up:	
<input type="checkbox"/> Family physician When? _____ <input type="checkbox"/> Home Care (943-1600) _____	
<input type="checkbox"/> Other (specify) _____	

Disposition of Form: Forward copy of this form at time of patient discharge to each of the following:

Patient (pg1) (Take To Your Pharmacy) Patient (pg2) (Take To Your Dr.) Home Care (pg 3) Chart (pg 4) (last page)



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INFORMATION ONLY
NOT A PRESCRIPTION

SAMPLE
NOT FOR USE

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