

**Core Measure
Adult Inpatient Pneumonia - (18 Years or Older)
Patient Summary Audit Form**

Clinical Standard	Summary of Patient Care <u>PLEASE COMPLETE EACH SECTION</u>																	
	Date and Time of ARRIVAL (Diagnosis Made – Time on Admit Orders) _____																	
<u>Oxygenation Assessment</u> - Arterial blood gas (ABG) or pulse oximetry within 24 hours of hospitalization.	1. Oxygenation Status At time of Admission	<input type="checkbox"/> ABG obtained _____ date/time or <input type="checkbox"/> O ₂ Sat obtained _____ date/time																
<u>Blood Cultures</u> - blood cultures are collected before the first dose of antibiotic is administered.	2. Blood Cultures Obtained BEFORE Antibiotic given	<input type="checkbox"/> Blood Cultured _____ date/time <input type="checkbox"/> Blood culture collected in ED																
<u>Antibiotic Timing</u> - The time, in minutes, from hospital arrival to administration of first antibiotic.	3. Antibiotics Given within 6 HOURS of arrival	<input type="checkbox"/> Antibiotics Started _____ date/time Antibiotic Choices** _____ Antibiotic Regimen _____ consistent with _____ guidelines (see list on back)																
<u>Pneumococcal & Influenza Screening/Vaccination</u> - patients must be screened for vaccine status and documentation must show if not vaccinated (refused/contraindicated) or needed vaccine and received it prior to discharge.	4. Patient's Vaccine Status	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Pneumococcal (Pt over age 65)</td> <td style="text-align: center;">Influenza (Oct – Mar)</td> </tr> <tr> <td>Patient Previously Vaccinated</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Patient Vaccinated this Admission</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Vaccine Refused Or Contraindicated</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Allergy / sensitivity to vacc. documented</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Pneumococcal (Pt over age 65)	Influenza (Oct – Mar)	Patient Previously Vaccinated	<input type="checkbox"/>	<input type="checkbox"/>	Patient Vaccinated this Admission	<input type="checkbox"/>	<input type="checkbox"/>	Vaccine Refused Or Contraindicated	<input type="checkbox"/>	<input type="checkbox"/>	Allergy / sensitivity to vacc. documented	<input type="checkbox"/>	<input type="checkbox"/>	
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<u>Smoking Cessation Advice/Counseling</u> - Adults must receive smoking cessation advice or counseling during the inpatient stay	5. Is Patient a smoker and have we counseled about cessation	Does Patient Smoke <input type="checkbox"/> yes <input type="checkbox"/> no ↓ Counseled about Quitting <input type="checkbox"/>																



VENTURA COUNTY MEDICAL CENTER
SANTA PAULA HOSPITAL
**CORE MEASURE - PNEUMONIA
PATIENT SUMMARY FORM**

NON ICU PATIENT

Beta-Lactam (IV or IM) (Ceftriaxone, cefotaxime, ampicillin/sulbactam, ertapenem)

Macrolide (IV or Oral) (erythromycin, clarithromycin, azithromycin)

Or

Quinolone monotherapy (IV or Oral) (levofloxacin, gatifloxacin, moxifloxacin, gemifloxacin)

Or

Beta-lactam (IV or IM)

Doxycycline (IV or Oral)

Or If less than 65 with no risk factors for drug resistant Pneumococcus,

Macrolide monotherapy (IV or oral)

ICU PATIENT

Beta-Lactam (IV or IM) (Ceftriaxone, cefotaxime, ampicillin/sulbactam, ertapenem)

Macrolide (IV or Oral) (erythromycin, clarithromycin, azithromycin)

Or

Beta-lactam (IV) plus

Quinolone (IV) (levofloxacin, gatifloxacin, moxifloxacin)

Or

If documented Beta-lactam allergy:

Quinolone (IV) with or without

Clindamycin (IV) (Optional)

PSEUDOMONAL RISK: (Acceptable for ICU and Non-ICU patients with Pseudomonal Risk)

IV Antipseudomonal Beta-lactam (cefepime, imipenem, meropenem, piperacillin/tazobactam) PLUS

IV antipseudomonal quinolone (PO Quinolone is allowed for non-ICU only) (ciprofloxacin, levofloxacin)

Or

IV antipseudomonal Beta-lactam AND

IV aminoglycoside (gentamicin, tobramycin, amikacin) AND

Either IV antipseudomonal quinolone (levofloxacin, gatifloxacin, moxifloxacin) OR

IV macrolide (azithromycin, erythromycin) (PO quinolone is allowed for non-ICU only)

Or

If documented beta-lactam allergy:

IV Aztreonam and

IV antipseudomonal quinolone and

IV aminoglycoside (PO quinolone is allowed for non-ICU only)