# LRTI **Standing Order Template**

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| Issue date: | August 2024 | Review date: | August 2025 |

This standing order is to apply until it is either replaced by a new standing order covering the same subject matter or cancelled in writing by the issuer.

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| **Standing Order Name** | Lower respiratory tract infection (community acquired pneumonia) |
| **Rationale** | To promptly and appropriately treat patients presenting with lower respiratory tract infection. |
| **Scope (condition and patient group)** | Any patient assessed as suffering from symptoms of chest infection. |
| **Red Flags** | Severe or persistent symptomsConfusionRespiratory rate >30 breaths per minuteCURB Score ≥ 2SBP <90mmHgHaemoptysis |
| **Assessment** | -Take a history-symptoms of LRTI i.e. cough and at least one other LRT symptom e.g., dyspnoea, sputum or pleuritic chest pain.-Symptoms of systemic illness-temperature >38°C, sweating, fevers, shivers, chills, aches and pains.-travel, occupation, smoking status/drug use, previous respiratory illness.-colour of sputum, and volume.Contemplate other causes such as heart failure in those with cardiac background. Differentiate between LRTI and underlying pathology in those with COPD or other underlying lung pathology.**Check vital signs:**-Temperature-Respiratory rate and quality-Heart rate-Blood Pressure-Oxygen SaturationListen to the chestCalculate CURB-65 Score- <https://www.mdcalc.com/calc/324/curb-65-score-pneumonia-severity>See CAP HealthPathway - <https://southern.communityhealthpathways.org/23823.htm>Determine suitability for community management:-Is the patient able to access and reliably take medication-Patient’s ability to cope at home and social supports available |
| **Indication** | **To treat LRTI in adults.** |
| **Medicine** | **Amoxicillin** 500mg capsules |
| **Dosage instructions** | Adult: 1000mg TDS  |
| **Route of administration** | Oral |
| **Quantity to be given** | 7 days |
| **Contraindications** | Patients who are allergic to penicillin |
| **Precautions** | * Acute and chronic leukaemia.
* History of atopic allergy
* Erythematous rashes common in glandular fever
* Increased risk of erythematous rash in cytomegalovirus
* Severe renal impairment
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| **Indication** | **To treat LRTI in patients who are allergic to penicillins or legionella suspected** |
| **Medicine** | **Doxycycline** 100mg tablets |
| **Dosage instructions** | 200mg on day one then 100mg OD for days 2 to 7. Extend to 14 days if legionella suspected. |
| **Route of administration** | Oral |
| **Quantity to be given** | 8 x 100mg tablets |
| **Contraindications** | Aged less than 12 yearsAllergy to tetracyclinesPregnancy or breastfeedingConcurrent use of retinoids or acitretins (vitamin A derivatives) |
| **Precautions** | * Iron, magnesium and calcium tablets and antacids can reduce absorption
* Check [www.nzf.org.nz](http://www.nzf.org.nz) for other interactions
* Exposure to sunlight or sunlamps
* Patients with myasthenia gravis or systemic lupus erythematosus
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| **Additional information** | * Patients should be advised to stay hydrated and to use analgesia.
* Adults should ideally be reviewed six weeks after treatment.
* In patients with poor clinical recovery, chest X-ray should be considered to rule out underlying malignancy.
* People with pneumonia aged over 50 years who smoke should also be assessed for the possibility of underlying malignancies. This includes assessment for any clinical features of lung cancer.
* Smoking cessation advice should be offered.
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| **Follow-up** | Patients with pneumonia who do not show signs of improvement within 48 hours of beginning treatment should have their antibiotic treatment broadened or be referred to hospital. |
| **Countersigning and auditing** | Countersigning is not required.Audit: 50% monthly of administration and/ or supply records if there are 20 or fewer in total.20-30% of administration and/ or supply records if they are in the range of 21-100. |
| **Competency/training requirements** | All healthcare professionals working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | HealthPathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Standing Order Guidelines, Ministry of Health, https://www.health.govt.nz/publication/standing-order-guidelines |
| **Definition of terms used in standing order** | None |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Healthcare professionals operating under LTRI Standing Order** |

Only registered healthcare professionals working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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