SUSPECTED PNEUMONIA

Oxygen Prescriptions:

1. Prescribe in drug chart
2. Choose appropriate NEWs target

Target sats:
96-98% if non-$C0_2$ retainer 88 - 92% if retains $C0_2$ on oxygen or known COPD

Observations, CXR WITHIN 4 HOURS, ECG
Bloods: FBC, U&E, LFTs, CRP, INR (if on warfarin) VBG for pH, lactate & $HC0_3$.

If hypoxia < 92% or requires oxygen & $C0_2$ retainer risk factors then ABG Do blood cultures if T> 38° or IV abx prescribed Consider additional microbiology samples

ANTIBIOTICS MUST BE GIVEN WITHIN 4 HOURS

CURB 65, 1 point for each:

- **C**onfusion (new onset AMT ≤8)
- **U**rea >7mmol/L
- **RR** ≥30 /minute
- **B**P systolic <90mmHg or diastolic ≤60mmHg
- Age **≥65** years

CRP < 20 or negative CXR not for abx without senior r/v **consider alternative diagnosis**

Low severity / CURB 0 - 1

Moderate severity / high risk of progression / CURB 2 / combordities

High severity / systemic sepsis / CURB ≥ 3

Aim for home

1. 5 days abx as per protocol
2. Microbiolgy samples only if atypical features
3. If consolidation seen on CXR ask GP to repeat in 6 weeks to check for resolution

Admit

1. Antibiotics as per protocol
2. Microbiology samples indicated
3. Prescribe oxygen

Consider home when improving, managing off O2 and < 2 admission factors

Admit

1. IV Abx as per protocol
2. Follow sepsis guideline
3. Microbiology samples indicated
4. Prescribe oxygen
5. Consider HDU / ITU

Pt to seek further clinical advice if no improvement by 3 days or if worsening

Microbiology samples:

- Blood cultures
- Sputum cultures
- Green throat swab for respiratory virus screen & mycoplasma
- Urinary legionella & pneumococcal Ag
- HIV test

Consider admission if 2 or more of:

- T > 37.5°C
- RR > 24 or HR > 100
- BP < 90mmHg systolic
- oxygen sats < 90% on room air
- abnormal mental status
- inability to eat without assistance

SEE MICROGUIDELINES & CONSIDER TREATING AS:

- Community acquired pneumonia if no hospital admission in last 90 days (includes nursing home residents)
- Hospital acquired pneumonia if hospital admission in last 90 days for more than 2 days, immunocompromised or on dialysis

Explain to patients with community-acquired pneumonia that after starting treatment their symptoms should steadily improve, although the rate of improvement will vary with the severity of the pneumonia, and most people can expect that by:

- 1 week: fever should have resolved
- 4 weeks: chest pain and sputum production should have substantially reduced
- 6 weeks: cough and breathlessness should have substantially reduced
- 3 months: most symptoms should have resolved but fatigue may still be present
- 6 months: most people will feel back to normal

Author: Dr Steve Barden
Updated May 2021