Community Acquired Pneumonia (Without Effusion) Care Guideline

CHOC Children's

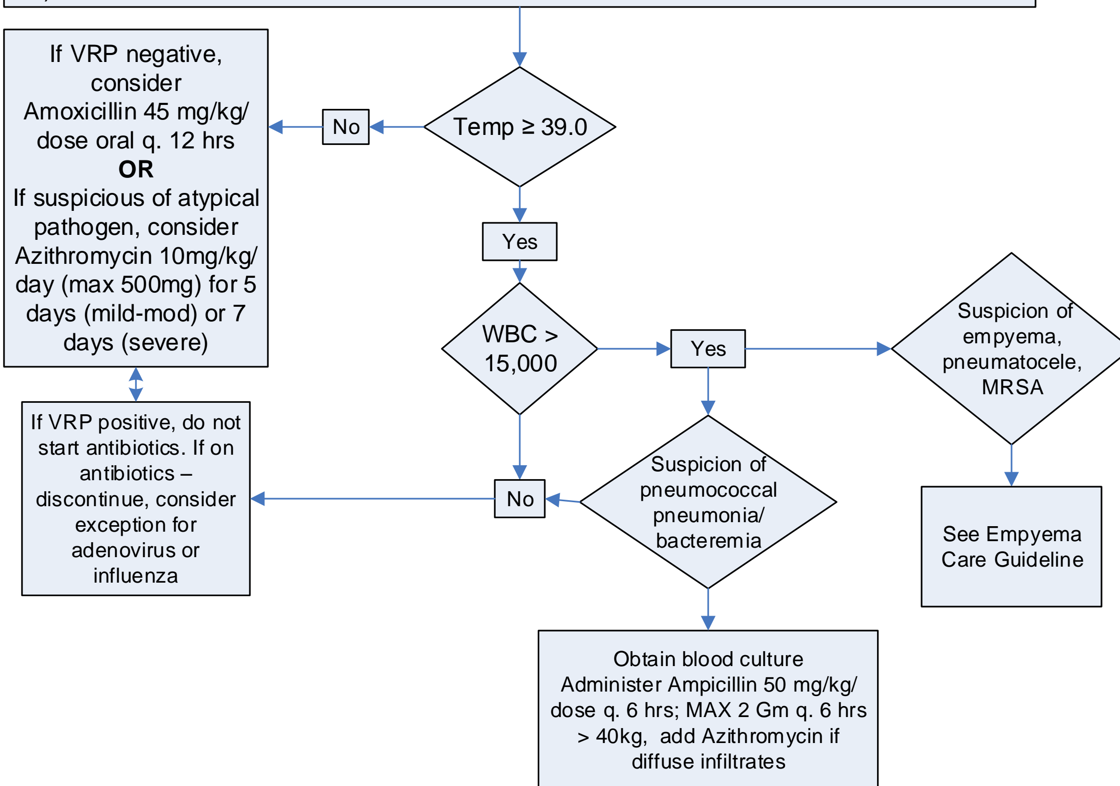
Inclusion Criteria – Previously healthy children

- Children > 2 years or Children < 2 years April – Sept or Oct – March with a negative VRP

Exclusion Criteria

- Presence of a tracheostomy – use LRTI with Trach Care Guideline
- Presence of empyema (pus in the pleural cavity) - use Empyema Care Guideline
- Healthcare acquired pneumonia
- Children < 2 years with positive VRP Oct – March (consider Bronchiolitis care guideline)
- Infants < 90 days of age
- PICU status

Assessment: Immunization status, respiratory status (increased rate for age, signs of increased work of breathing such as retractions or use of accessory muscles), crackles, decreased or abnormal breath sounds other than stridor or wheezing.
Interventions: check VRP, chest Xray (if not already done), pulse oximetry, oxygen to keep sats ≥ 93%, IV hydration if clinically indicated (increased insensible losses or unable to tolerate PO).



Recommendations/ Considerations

- Age is the best predictor of the likely pathogen.
- Viruses are the most common cause of pneumonia in children < 3 yrs of age
- Bacterial pneumonia should be considered in children < 3 yrs of age when there is a fever > 39 C, retractions, RR > 40/min, and WBC > 20,000
- Primary bacterial pneumonia is unlikely if a wheeze is present in a preschool child
- For older children, a history of difficulty breathing is the best indicator of bacterial pneumonia
- CPT is not beneficial and should not be performed

Continued Considerations

- Saline lock IV once tolerating oral fluids
- Change to oral antibiotics upon clinical improvement
- If fever or worsening symptoms after 48hrs, re-evaluate and consider other complications, including empyema

Patient Education
KidsHealth handout: Pneumonia (parent version)

Discharge Criteria

- Diet tolerated and adequately hydrated
- Vital signs stable
- No supplemental O2 needed for at least 24 hrs
- Meets room air criteria*
- Follow-up care coordinated

***Room Air Criteria**
O2 sat ≥ 90%
RR WNL for age
Infants 30-60
Toddlers 24-46
Preschoolers 22-34
School age 16-30
Adolescents 16-20

Approved Care Guidelines Committee 7/15/09
Revised 5/19/10, 1-25-11, 5-21-14
Reviewed 5-17-17

Reassess the appropriateness of Care Guidelines as condition changes and 24 hrs after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates.

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References
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Bradley JS, Byington CL, et al. The Management of Community-Acquired Pneumonia in Infants and Children Older Than 3 Months of Age: Clinical Practice Guidelines by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America. Clinical Infectious Diseases, 2011 October (53): e25-d76. http://cid.oxfordjournals.org/content/53/7/e25.full?sid=ce03cc0d-4d25-4c37-8dff-d5e98ceb338e

Ross RK, Hersh AL, et al. Impact of Infectious Diseases Society of America/Pediatric Infectious Diseases Society Guidelines on Treatment of Community-Acquired Pneumonia in Hospitalized Children. Clinical Infectious Diseases, 2014 January, 58 (6): 834-838. http://cid.oxfordjournals.org/content/58/6/834.full.pdf+html?sid=ce03cc0d-4d25-4c37-8dff-d5e98ceb338e