

Community Acquired Pneumonia Care Path

Screening and Diagnosis

Definition – an infection of the lung parenchyma that is not acquired in a hospital, long-term care facility, or other recent contact with the health care system.

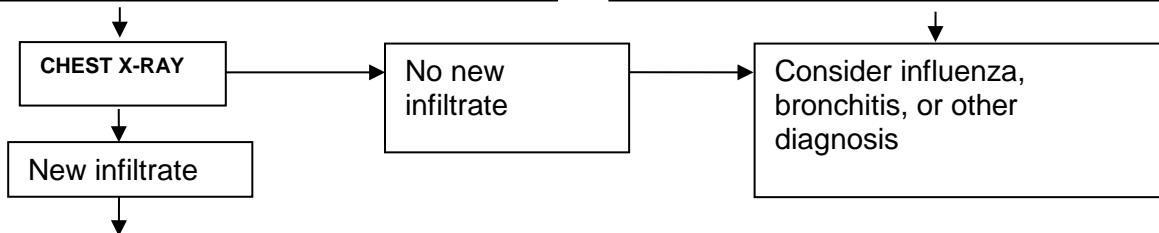
Symptoms include fatigue, chills, cough, dyspnea, fever, anorexia, sweats, pleuritic chest pain, hemoptysis, headache, vomiting, myalgia, abdominal pain. In older patients, confusion is more common; fever, chills, sweats, headaches and myalgia are less common.

Diagnosis

- | | |
|---|--|
| <input type="checkbox"/> Fever 37.8°C/100°F or greater? | <input type="checkbox"/> SpO2 88% or less? |
| <input type="checkbox"/> Heart Rate 100 bpm or greater? | <input type="checkbox"/> Focal rates? |
| <input type="checkbox"/> RR 24 or greater? | |

If patient has **1 or more** of the listed

If patient has **none** of the listed symptoms



Consider Pneumonia

CURB-65

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Confusion: not oriented to person, place or time <input type="checkbox"/> Uremia: BUN 20 mg/dL or greater <input type="checkbox"/> Respiratory rate: 30 breaths or more per minute <input type="checkbox"/> Blood pressure: SPB less than 90 mm Hg <input type="checkbox"/> 65 years or older | <ul style="list-style-type: none"> ➤ CURB-65 Score of 0-1 = Consider for outpatient treatment ➤ CURB-65 Score of 2 or more = Consider for admission |
|---|---|

Other factors affecting decision to admit:

- | | |
|--|--|
| <input type="checkbox"/> SpO2 88% or less | <input type="checkbox"/> Multi-lobar infiltrates |
| <input type="checkbox"/> Pleural effusion more than 5 cm on upright lateral chest film | <input type="checkbox"/> No caregiver available |
| <input type="checkbox"/> Uncontrolled comorbid illness | <input type="checkbox"/> Clinical judgment |

Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the "ACO") in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.

Outpatient Treatment	
<i>Previously healthy and no antimicrobial use within the last 3 months</i>	<i>Comorbidities (chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes, malignancy, or renal failure) or antimicrobial use in last 3 months</i>
<p>Antibiotics</p> <ul style="list-style-type: none"> ➤ Doxycycline 100 mg PO twice daily x 7 days <li style="padding-left: 20px;"><i>OR</i> ➤ Azithromycin 500 mg PO daily x 3 days (If pregnant, or allergic to doxycycline, use azithromycin) <p>Exams:</p> <ul style="list-style-type: none"> ➤ Follow-up visit or phone call in 48-72 hours ➤ Follow-up visit in 6 weeks <p>Labs and Imaging:</p> <ul style="list-style-type: none"> ➤ Repeat chest x-ray at 6 weeks if smoker > 35 years old or for anyone ≥ age 60 <p>Immunizations: <i>(at initial treatment or 6 week f/u):</i></p> <ul style="list-style-type: none"> ➤ Screen for and give influenza immunization ➤ Pneumococcal vaccine if appropriate 	<p>Antibiotics</p> <p><u>One of these:</u></p> <ul style="list-style-type: none"> ➤ Doxycycline 100 mg PO twice daily x 7 days <li style="padding-left: 20px;"><i>OR</i> ➤ Azithromycin 500 mg PO daily x 3 days (if pregnant, or allergic to doxycycline, use azithromycin) <p>PLUS:</p> <ul style="list-style-type: none"> ➤ Ceftriazone 1 g IV or IM daily until stable, then amoxicillin 1 g PO every 8 hours x 7 days ➤ For Penicillin allergy, consider quinolone <p>Exams:</p> <ul style="list-style-type: none"> ➤ Follow-up visit or phone call in 48-72 hours ➤ Follow-up visit in 6 weeks <p>Labs and Imaging:</p> <ul style="list-style-type: none"> ➤ Repeat chest x-ray at 6 weeks if smoker > 35 years old or for anyone ≥ age 60 <p>Immunizations: <i>(at initial treatment or 6 week f/u):</i></p> <ul style="list-style-type: none"> ➤ Screen for and give influenza immunization ➤ Pneumococcal vaccine if appropriate

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<p>Patient Engagement:</p> <ul style="list-style-type: none"> ➤ For smokers, provide smoking cessation advice/counseling 	<p>Patient Engagement:</p> <ul style="list-style-type: none"> ➤ For smokers, provide smoking cessation advice/counseling.
<p>Specialist Consult</p>	
<p>When to Refer:</p> <ul style="list-style-type: none"> ➤ Persistent abnormal symptoms and physical signs ➤ Recurrent pneumonia (same lobe or different lobe) ➤ High risk of malignancy (smokers) with non-resolving pneumonia ➤ Known or suspected underlying lung disease 	

References:

1. "Diagnosis and Management of Community-Acquired Pneumonia in Adults." –*American Family Physician*. Intermountain Healthcare, n.d.Web.22 July 2014.

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