Community-Acquired Pneumonia Pathway

Children aged 90 days to 17 years
Based on 2011 IDSA Guidelines for management of CAP

1. Pts with following should be managed as unique conditions:
   - Chronic illness (CF, CLD, CHD)
   - < 3months old
   - Immunocompromised
   - Toxic appearance, extreme distress, vent dependent

2. Clinical assessment:
   - Respiratory rate > threshold for age OR
   - Crackles, bronchial, focal or decreased breath sounds

3. CXR not indicated for outpatient. Should be done if admission required or failed outpatient management

4. Severity assessment:
   - Oxygen sat <90% or cyanosis
   - Respiratory rate >70 (infant) >50 (child)
   - Increased WOB (flaring, retractions)
   - Grunting, apnea, dehydration, poor po intake
   - Family unable to provide adequate observation

5. WBC >15 k or bandemia may support bacterial cause.

6. ONLY add azithromycin if high suspicion for *mycoplasma* or *Chlamydia pneumoniae*. Prior to azithro send *mycoplasma* NP PCR. Vancomycin or Clindamycin should be added if suspected MRSA

7. Immunized: 3 Prevnar by 1 year of age or complete series

*Discharge criteria: Fever trending down; Oral antibiotic regimen confirmed; Oxygen sats >90% x 6hours; No evidence of respiratory distress; Additional criteria at Attending’s discretion.*

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Owners: T.He, F.Belmonte