Outpatient Community-Acquired Pneumonia Pathway

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

1. Patients with following conditions are high risk and should be managed in a unique fashion:
   - Chronic illness (CF, CLD, CHD)
   - < 3 months old
   - Immunocompromised
   - Toxic appearance, extreme distress, vent dependent

2. Clinical assessment:
   - Respiratory rate > threshold for age (see pediatric RR table) OR
   - Crackles, bronchial, focal or decreased breath sounds

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

4. Severity assessment:
   - Oxygen sat <90% or cyanosis
   - Respiratory rate >70 (infant) >50 (child)
   - Increased WOB (flaring, retractions)
   - Grunting, apnea, dehydration, poor oral 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

---

Monthly/Year Published: December 2015
Owners: F. Belmonte