Community Acquired Pneumonia (Without Effusion) Care Guideline

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.
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- Interventions:
- check VRP, chest X-ray (if not already done), pulse oximetry, oxygen to keep sats ≥ 93%, IV hydration if clinically indicated (increased insensible losses or unable to tolerate PO).

If VRP negative, consider
- Amoxicillin 45 mg/kg/dose oral q, 12 hrs OR
- If suspicious of atypical pathogen, consider Azithromycin 10mg/kg/day (max 500mg) for 5 days (mild-moderate) or 7 days (severe)

If VRP positive, do not start antibiotics. If on antibiotics – discontinue, consider exception for adenovirus or influenza

No

Temp ≥ 39.0

Yes

WBC > 15,000

Yes

Suspicin of empyema, pneumatocele, MRSA

No

Suspicion of pneumococcal pneumonia/bacteremia

Obtain blood culture
- Administer Ampicillin 50 mg/kg/dose q, 6 hrs; MAX 2 Gm q, 6 hrs > 40kg, add Azithromycin if diffuse infiltrates

Suspicin of pneumatocele, MRSA

See Empyema Care Guideline

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

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

Reassess the appropriateness of Care Guidelines as condition changes and 24 hrs after admission. This guideline is 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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