

# COMMUNITY ACQUIRED PNEUMONIA (SIMPLE) CLINICAL PATHWAY

## EMERGENCY DEPARTMENT



### Inclusion Criteria

- ≥ 3 months old

### Exclusion Criteria

- Empyema or moderate-large pleural effusion (≥¼ thorax opacified)
- Immunocompromised patient (HIV, SCID, cancer, chemotherapy, autoimmune disease requiring biologic therapy, transplant recipient etc.)
- Home invasive or non-invasive mechanical ventilation
- Underlying lung disease other than asthma (CF, BPD, patients with tracheostomies, etc.)
- Risk of aspiration pneumonia (neuromuscular disorder, etc.)

### Illness Severity

#### Mild Pneumonia

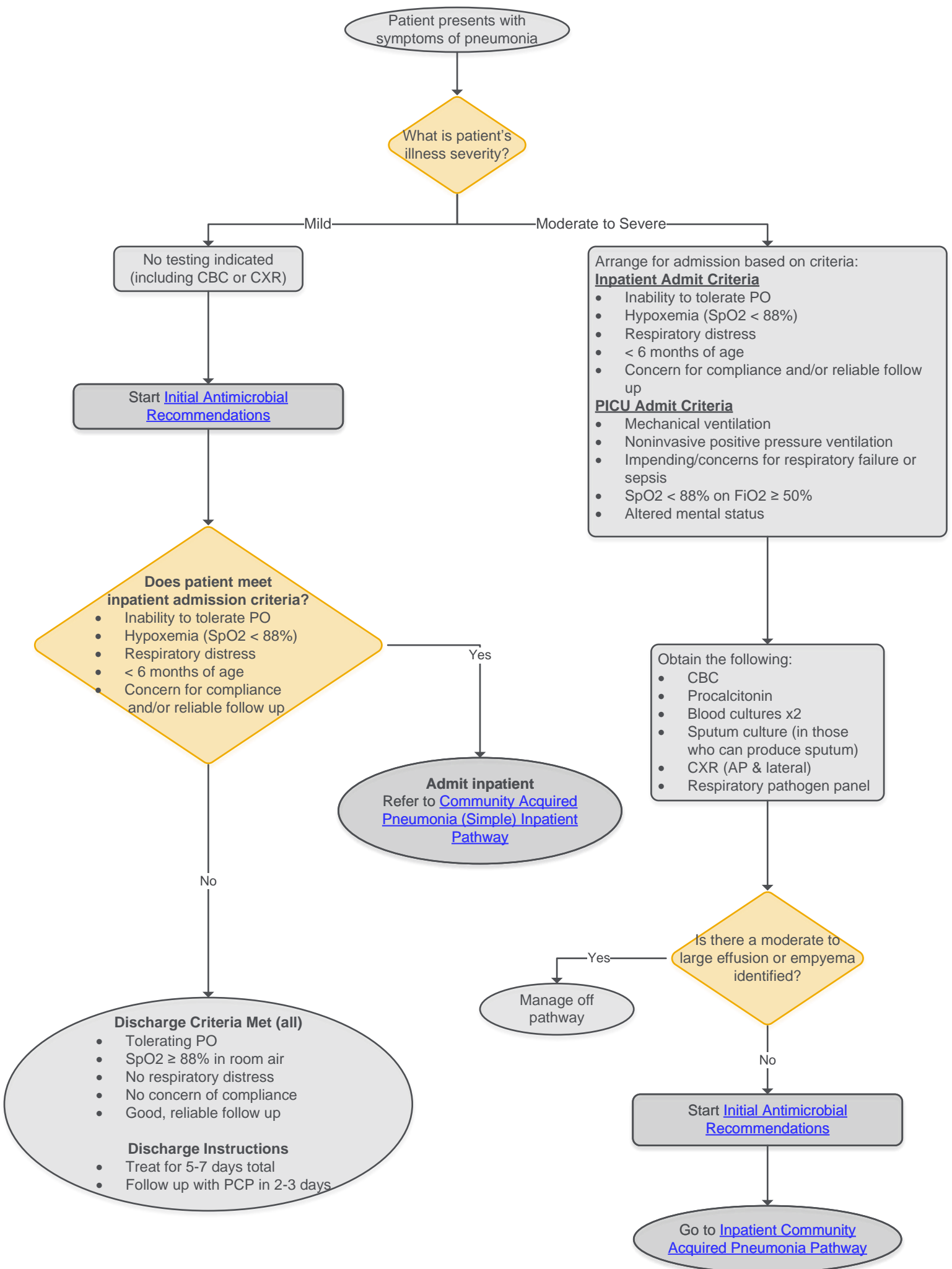
- Minimal increase in work of breathing
- Not hypoxemic (SpO<sub>2</sub> ≥ 88%)
- Able to tolerate PO

#### Moderate Pneumonia

- Moderate increase in work of breathing
- Hypoxemic (SpO<sub>2</sub> < 88%)
- Unable to tolerate PO

#### Severe

- Significant increase in work of breathing
- Failure to maintain SpO<sub>2</sub> ≥ 88% on FiO<sub>2</sub> ≥ 50%
- Altered mental status



Community Acquired Pneumonia Etiology Characteristics

	Viral Pneumonia	Bacterial Pneumonia	Atypical Bacterial Pneumonia
<b>Etiologies</b>	RSV, hMPV, rhinovirus, parainfluenza, influenza, coronaviruses, adenoviruses	<i>Streptococcus pneumoniae</i> , <i>Haemophilus influenzae</i>	<i>Mycoplasma pneumoniae</i> , <i>Chlamydia pneumoniae</i>
<b>Age</b>	All ages; most common etiology in children < 5 years	All ages	Most common in ages > 5 years
<b>Onset</b>	Gradual	Abrupt, rapid progression	Gradual, slow progression
<b>Symptoms</b>	Non-productive cough typically preceded by URI symptoms (coryza, pharyngitis, mild fever, etc.)	Fever, chills, cough (± productive), ± localized chest pain	Non-productive, irritative cough, typically preceded by headache, malaise, pharyngitis
<b>Physical Exam Findings</b>	Non-toxic appearing; diffuse, bilateral auscultatory findings of w heezing or crackles	Ill appearance, tachypnea, respiratory distress, focal auscultatory findings of rales or "tubular" breath sounds; dullness to percussion over the involved lung area	Well-appearing; diffuse rales, crackles, rhonchi, or w heezes
<b>Radiographic Findings</b>	Diffuse, bilateral interstitial infiltrates	Alveolar infiltrates, lobar, or segmental consolidation, "round pneumonia", complications may include pleural effusion, empyema, lung abscess, necrotizing pneumonia or pneumatocele	Diffuse, bilateral interstitial infiltrates



**Disclaimer:** Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement, and taking into account individual patient and family circumstances.