**COMMUNITY ACQUIRED PNEUMONIA (SIMPLE) CLINICAL PATHWAY**

**EMERGENCY DEPARTMENT**

**Community Acquired Pneumonia Etiology Characteristics**

<table>
<thead>
<tr>
<th>Viral Pneumonia</th>
<th>Bacterial Pneumonia</th>
<th>Atypical Bacterial Pneumonia</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSV, hMPV, rhinovirus, parainfluenza, influenza, coronavirus, adenovirus</td>
<td>Staphylococcus pneumoniae, Haemophilus influenzae</td>
<td>Mycoplasma pneumoniae, Chlamydophila pneumoniae</td>
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</tbody>
</table>

**Age**

- All ages, most common etiology in children <5 yrs.
- All ages
- Most common in ages >5 yrs.

**Onset**

- Acute, rapid progression
- Prodromal: Fever, chills, cough (1 productive), later localized chest pain
- Non-productive, irritating cough, typically preceded by headache, myalgias, pharyngitis

**Symptoms**

- Non-specific appearing, diffuse, bilateral auscultatory findings of wheezing or crackles
- Sputum appearance, sputum, respiratory distress, focal auscultatory findings of localized crackles or “bubbling” breath sounds
- Well-applying, diffuse, crackles, rales, wheezes

**Physical Exam Findings**

- Diffuse, bilateral infiltrates
- Diffuse, bilateral infiltrates
- Acute infiltrates, focal or inoperable consolidation, “round pneumonia”, complications may include pleural effusion, empyema, lung abscess, necrotizing pneumonia or pneumatocele

**Radiographic Findings**

- Diffuse, bilateral interstitial infiltrates
- Diffuse, bilateral interstitial infiltrates
- Diffuse, bilateral interstitial infiltrates

**Discharge Criteria Met (all)**

- Totalizing PO
- SpO2 ≥ 88% in room air
- No respiratory distress
- No concern of compliance
- Good, reliable follow up

**Discharge Instructions**

- Treat for 5-7 days total
- Follow up with PCP in 2-3 days.

**Arrive**

- Moderate to Severe

**What is patient’t risk? (Please sorting?):**

- No testing indicated (including CBC or CXR)
- Sputum culture (in those who can produce sputum)
- Blood cultures x2
- Procalcitonin
- CBC
- Respiratory pathogen panel
- Obtain the following:
- CXR (AP & lateral)

**Admit Inpatient to Community Acquired Pneumonia (simple) Inpatient Pathway**

- Concern for compliance and/or reliable follow up
- SpO2 < 88% on FiO2 ≤ 50%
- Mechanical ventilation
- Noninvasive positive pressure ventilation
- Concern for respiratory failure or sepsis

**Inpatient Admit Criteria**

- SpO2 < 88% on FiO2 ≤ 50%
- Mechanical ventilation
- Noninvasive positive pressure ventilation
- Concern for respiratory failure or sepsis
- Concern for compliance and/or reliable follow up

**Inpatient Community Acquired Pneumonia Pathway**

- Inpatient Admit Criteria
  - Arrange for admission based on criteria:
  - Infectious Admit Criteria
    - Inability to tolerate PO
    - Hypersens (SpO2 ≤ 88%)
    - Respiratory distress
    - < 6 months of age
    - Concern for compliance and/or reliable follow up
  - Moderate to Severe

**Managed off pathway**

- No concern for compliance and/or reliable follow up
- SpO2 ≥ 88% on FiO2 ≥ 50%
- No respiratory distress
- No concern of compliance
- Good, reliable follow up

**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.**

ChildrensNebraska.org/Pathways

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