

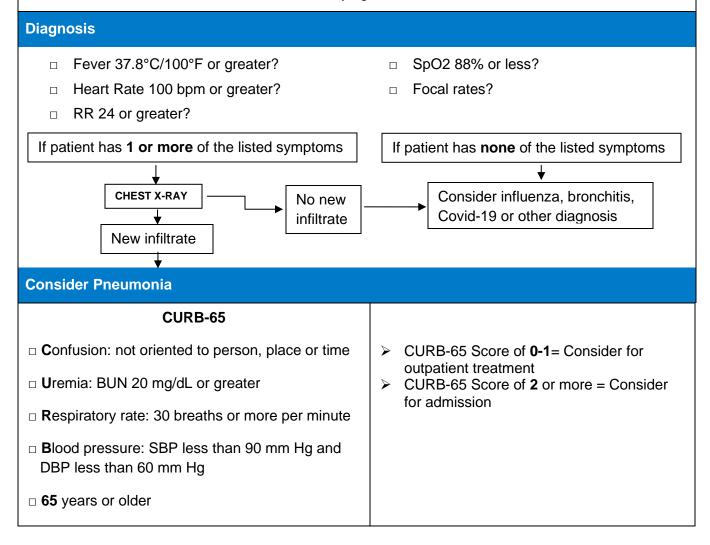
Ascension Via Christi

Community Acquired Pneumonia Care Path

Screening and Diagnosis

Definition – an infection of the lung parenchyma that is not acquired in a hospital, long-term care facility, or other recent contact with the health care system.

Symptoms include fatigue, chills, cough, dyspnea, fever, anorexia, sweats, pleuritic chest pain, hemoptysis, headache, vomiting, myalgia, abdominal pain. In older patients, confusion is more common; fever, chills, sweats, headaches and myalgia are less common.



Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the "ACO") in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.

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Other factors affecting decision to admit:		
□ SpO2 88% or less	Multi-lobar infiltrates	
Pleural effusion more than 5 cm on upright late	eral chest film 🛛 🛛 No caregiver available	
Uncontrolled comorbid illness	Clinical judgment	
Outpatient Treatment		
<i>Previously healthy and no antimicrobial use within the last 3 months</i>	Comorbidities (chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes, malignancy, or renal failure) or antimicrobial use in last 3 months	
Antibiotics:	Antibiotics:	
 Amoxicillin 1 g, three times daily Doxycycline* 100 mg PO twice daily Macrolide (if local pneumococcal resistance is <25%[†]) Azithromycin 500 mg on first day then 250 mg daily X 3 days Clarithromycin 500 mg twice daily Clarithromycin ER 1,000 mg daily 	 Doxycycline* 100 mg PO twice daily x 7 days Macrolide (if local pneumococcal resistance is <25%[†]) Azithromycin 500 mg on first day then 250 mg daily X 3 days Clarithromycin 500 mg twice daily Clarithromycin ER 1,000 mg daily Amoxicillin/clavulanate 500 mg/125 mg three times daily 	
 Treatment notes: * If pregnant, or allergic to doxycycline, use azithromycin. [†] Pneumococcal resistance is <25% in Wichita. Please refer to local antibiogram if outside of Wichita area. 	 Amoxicillin/clavulanate 875 mg/125 mg twice daily, 2,000 mg/125 mg twice daily Cefpodoxime 200 mg twice daily Cefuroxime 500 mg twice daily For Penicillin allergy, consider quinolone monotherapy: Levofloxacin 750 mg daily, moxifloxacin 400 mg daily, or gemifloxacin 320 mg daily 	

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Outpatient Treatment (cont.)	
<i>Previously healthy and no antimicrobial use within the last 3 months</i>	Comorbidities (chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes, malignancy, or renal failure) or antimicrobial use in last 3 months
Exams:	Exams:
 Follow-up visit or phone call in 48-72 hours 	 Follow-up visit or phone call in 48-72 hours
Follow-up visit in 6 weeks	Follow-up visit in 6 weeks
Labs and Imaging:	Labs and Imaging:
 Repeat chest x-ray at 6 weeks if smoker > 35 years old or for anyone ≥ age 60 	 Repeat chest x-ray at 6 weeks if smoker > 35 years old or for anyone ≥ age 60I
Immunizations: (at initial treatment or 6-week f/u):	Immunizations: (at initial treatment or 6-week f/u):
 Screen for and give influenza immunization 	 Screen for and give influenza immunization
Pneumococcal vaccine if appropriate	Pneumococcal vaccine if appropriate
Patient Engagement:	Patient Engagement:
 For smokers, provide smoking cessation advice/counseling 	 For smokers, provide smoking cessation advice/counseling.
Specialist Consult	
When to Refer:	
 Persistent abnormal symptoms and physical signs Recurrent pneumonia (same lobe or different lobe) High risk of malignancy (smokers) with non-resolving pneumonia 	

Known or suspected underlying lung disease

References: "Diagnosis and Treatment of Community-Acquired Pneumonia." - American Thoracic Society Documents., n.d. Web.20 July 2021.

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