

COMPLICATED BACTERIAL PNEUMONIA CLINICAL PATHWAY EVIDENCE BASED OUTCOME CENTER



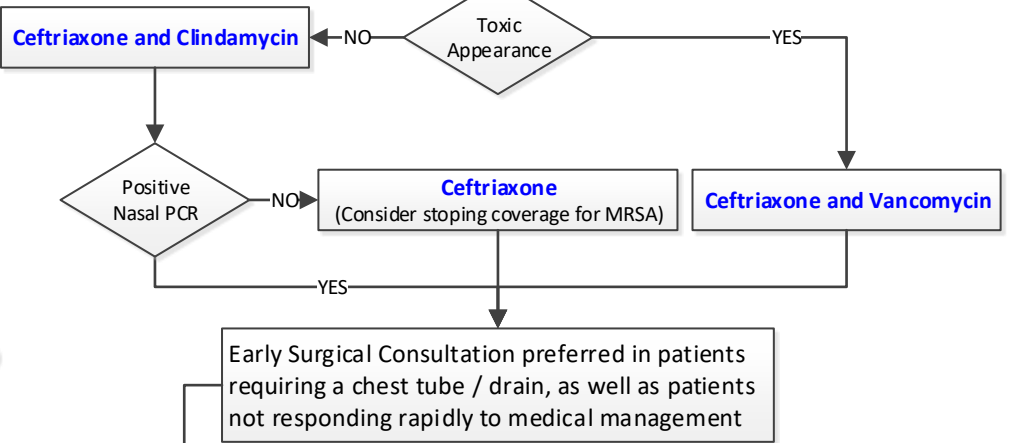
EXCLUSION CRITERIA

- Children less than or equal to three months
- Cystic Fibrosis
- Chronic lung disease
- Immunodeficiency
- Children undergoing chemotherapy or chronic steroid use
- Sickle Cell Disease
- Trauma
- Lung abscess or pneumatocele
- Extensive co-morbidities

INCLUSION CRITERIA

Chest radiograph with suspected bacterial effusion of moderate to large size, or meeting criteria for inpatient admission in children 3 months to 18 years.

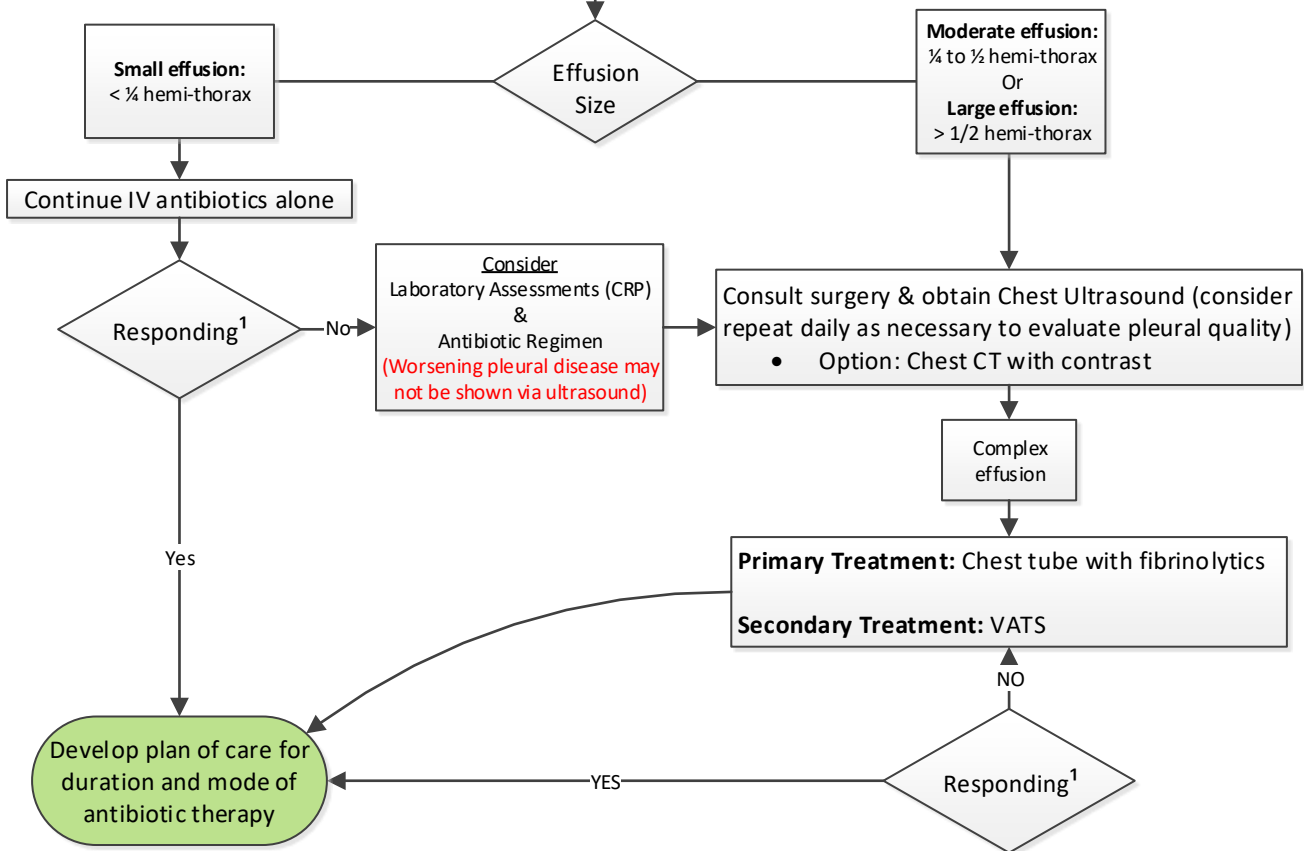
Laboratory Assessment:
Blood Culture, CBC w/ differential, BMP, CRP, ESR, & Nasal PCR



! ALERT

Patient determined to have **CLINICAL DETERIORATION** should be managed off pathway based on **Clinical Judgment**

- Increase in general fever pattern.
- Increase need for supplemental oxygen.
- Decline in cardiovascular status.



- Recommendations:**
1. Ultrasound preferred over Chest CT to evaluate quality of pleural fluid. (I.e. loculations)
 2. Chest CT indicated for atypical clinical or radiological features. (I.e. parenchymal abscess)
 4. Consider ID consult for diagnostic testing, antibiotic selection, as well as length of treatment.
 5. Consider Pulmonology consult for those with necrotizing pneumonias which requires long-term follow-up.
 6. Outpatient follow-up with a chest radiograph one month post completion of the antibiotic course is recommended.

Responding
Improvement in clinical signs including fever, respiratory rate, FiO2 within 48-72 hours.

Lateral decubitus films not generally indicated.

For questions concerning this pathway, [Click Here](#)

Last Updated April 28, 2020

ADDENDUM 1
COMPLICATED BACTERIAL PNEUMONIA PATHWAY
EVIDENCE BASED OUTCOME CENTER



Antibiotic

Non-toxic appearance:

Negative Nasal PCR: **Ceftriaxone**

Positive Nasal PCR: **Ceftriaxone and Clindamycin**

- Allergy to Ceftriaxone: Levofloxacin and Clindamycin
- Allergy to Clindamycin: Ceftriaxone and Vancomycin

Toxic Appearance: Ceftriaxone and Vancomycin

- Allergy to Ceftriaxone: Levofloxacin and Vancomycin
- Allergy to Vancomycin: Ceftriaxone and Linezolid

Laboratory Test

1. Blood Culture
2. CBC with differential
3. BMP
4. CRP
5. ESR
6. Nasal PCR

If tracheal secretions obtained:

- Gram stain and Culture
Save extra fluid in lab for future PCR if culture is negative
- PCR for staph aureus
- PCR for strep pneumonia
- PCR for mycoplasma

If Pleural Fluid obtained:

- Gram stain and Culture
- Cell count and differential
Save extra fluid in lab for future PCR if culture is negative
- PCR for staph aureus
- PCR for strep pneumonia
- PCR for mycoplasma

If blood cultures are negative consider:

- nasal swab for staph aureus culture
- nasal swab for strep pneumonia culture

Alteplase (TPA)

COMPASS Order = alteplase

Route = intrathoracic

Frequency = qDay

Duration = 3

Duration unit = day(s)

Order Comments = Mix with xx ml of NS and instill via Chest Tube;

Dwell time = 60 minutes; chest tube remains clamped during dwell time

Less than or equal to 10 kg	1mg in 20 ml of NS
Greater than 10 kg to 20 kg	2mg in 40 ml of NS
Greater than 20 kg to 30 kg	3 mg in 40 ml of NS
Greater than 30 kg	4 mg in 40 ml of NS