Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Clinical pathway for management of Community Acquired Pneumonina in GUH
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PATHWAY FOR MANAGEMENT OF COMMUNITY ACQUIRED PNEUMONIA IN GUH

Calculate CURB-65 score: HAS THE PATIENT GOT C = Confusion 1 point PNEUMONIA? Do NOT discharge IF: U = Urea >7 1 point Patient must have... Sa O₂ ≤ 92%, pO₂ ≤ 8kPa R = Respiratory rate ≥30 1 point > NEW signs & symptoms of on room air B = SB <90 or DBP <60 1 point lower respiratory tract ≥2 lung lobes involved 65 = Age ≥65 1 point infection Hypotensive AND Confusion defined as Abbreviated Significant co-morbidity NEW consolidation on Mental Test Score of 8 or less, or new Poor social circumstances disorientation in person, place or time CXR Culture Give antibiotics as soon as Send blood cultures: diagnosis is confirmed within -If pyrexial 4 hours of presentation in ED -In all moderate to high severity CAP Sputum cultures: - Severe infection including ICU If risk factors or previous infection with MRSA or Pseudomonas e.g. hospitalised and/or IV antibiotics with TREAT according to clinical judgement & CURB-65 severity score 0 - 1≥3 Moderate CAP Severe CAP Mild CAP Admit Admit & consider ICU Home if no other issues Amoxicillin PO/IV 1g TDS 1. Co-amoxiclay IV 1.2g TDS + (See Box A) Clarithromycin PO (IV if NPO) Amoxicillin PO 1g TDS Clarithromycin PO (IV if NPO) 500mg BD 500mg BD Penicillin allergy: delayed In younger patient, ADD onset non-severe reaction Clarithromycin PO In penicillin allergy Ceftriaxone IV 2g OD+ 500mg BD Levofloxacin PO (IV if NPO) Clarithromycin PO (IV if NPO) 500mg BD 500mg BD In penicillin allergy 3. Penicillin allergy: immediate Doxycyline PO **Duration - 5 days** or severe delayed reaction 100mg BD Levofloxacin PO (IV if NPO) 500mg every 12 hours & Duration - 5 days Most patients can be treated consider adding Vancomycin IV with oral antibiotics infusion IF risk of Staph aureus. Dose per GAPP app calculator Duration - 7 days (IV&PO) Assess & Record Progress every 12 hours until stable -If not improving: Re-assess severity, antibiotics, oxygenation and IV fluids Repeat CXR (empyema), FBC & CRP. Discuss with Respiratory Team. -Consider referral to ICU if: Persistent hypoxia (PaO2<8kPa) despite high FiO2, Progressive hypercapnia, pH <7.26, shock or depressed GCS<8. Consider IV to ORAL switch IF: There is clinical improvement AND oral/GI route available AND temperature <38C for 24h Consider discharge 24hours after switch to oral therapy Give all patients smoking and vaccination advice Follow up at around 6 weeks, including chest X-ray

(click on image to enlarge)

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