ASSESSMENT & DISPOSITION

Pneumonia S/Sx (previously healthy child >3 months)

ASSESS for respiratory distress

Best predictive value for CAP:
- Tachypnea: RR breaths/minute
  - >50 for age 3–11 months
  - >40 for age 1–5 years
  - >20 for age >5 years
- Pulse oximetry: <90% on room air
- Nasal flaring (<12 months)

Other:
- Grunting
- Dyspnea
- Apnea
- Altered mental status
- Retractions

Clinical diagnosis of CAP?

- yes
  - ASSESS age-appropriate immunization status:
    pneumococcus, influenza (this season), and Hib
  - ASSESS need for inpatient care
    - Moderate to severe CAP based on respiratory distress, sustained hypoxemia, or other factors?
    - Age <6 months with suspected bacterial CAP (RSV negative)?
    - Persistent respiratory distress?
    - Suspicion/confirmation of CA/MRSA, or other highly virulent cause?
    - Dehydration or inability to feed?
    - Concern about observation at home or ability to follow up?

- no
  - Consider other diagnoses; if bronchiolitis, follow appropriate guidelines

ASSESS need for inpatient care

- any one of the above
  - Inpatient care
- none
  - OUTPATIENT TREATMENT

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Not intended to replace physician judgment with respect to individual variations and needs.
OUTPATIENT TREATMENT
(First assess need for hospitalization; see ASSESSMENT & DISPOSITION)

**OBTAIN LABS as needed**
- Labs if child not immunized appropriately (see reverse): CBC, blood culture.
- Also consider: influenza testing (if seasonally appropriate and s/sx suggest flu), testing for other viruses (if results will affect clinical decisions); check Germ Watch.

*Chest x-ray generally NOT needed* in child well enough for outpatient treatment.

**SELECT TREATMENT option(s)**
- **NO TREATMENT.** *Most children treated as outpatients do NOT need antibiotics. Virus is the most common cause (see below on when to consider antivirals).*
- **ANTIBIOTICS PO:**
  - If immunized appropriate for age for pneumococcus and Hib: amoxicillin, 30 mg/kg/dose (max 1000 mg), 3 times daily x 10 days
  - If NOT immunized appropriate for age for pneumococcus and Hib: amoxicillin/clavulanate ES, 45 mg/kg/dose (max 2000 mg), 2 times daily x 10 days
  - If allergic: clindamycin, 13 mg/kg/dose (max 600 mg), 3 times daily x 10 days
  - If suspected or confirmed atypic pathogen, **ADD:** azithromycin, 10 mg/kg/dose (max 500 mg), once daily x 3 days (see CPM for signs of atypic pathogen)
- **INFLUENZA ANTIVIRAL THERAPY.** Start oseltamivir if symptoms <48 hours, flu is suspected or confirmed, and child is <2 years or at high risk (see CPM for dosing)

**IMMUNIZE, EDUCATE, and FOLLOW UP**
- **Immunizations:** Give influenza and pneumococcal immunizations if appropriate
- **Patient/family education:** Use fact sheet Pneumonia: Prevention and Care at Home (in Spanish) or Let’s Talk About...Pneumonia (in Spanish)
- **Follow-up visit or phone call in 48–72 hours.** Modify medication as test results become available.