

# Pneumonia, Community-Acquired (CAP)

Reference Link

## 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?

*no* → Consider other diagnoses; if bronchiolitis, follow appropriate guidelines

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?

any one of the above

none

Inpatient care

**OUTPATIENT TREATMENT**

# Pneumonia, Community-Acquired (CAP)

[Reference Link](#)

## 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.