Date Time

**This ambulatory pathway is to be used for patients with suspected community acquired pneumonia in an accredited unit e.g. RAC, UTC, ED or AMU. It does not replace the medical notes for the patient episode.**

Patients must meet the inclusion criteria .

|  |  |
| --- | --- |
| **Inclusion criteria (must have all)** | **Tick** |
| Clinically thought to be pneumonia |  |
| Patient able to attend ambulatory services |  |

Please check the exclusion criteria if known.

|  |  |  |  |
| --- | --- | --- | --- |
| **Exclusion criteria (exclude if any)** |  |  | **Tick** |
| Breathless at rest or mild exertion |  | SBP <90 or DBP <60 |  |
| Pulse >100 |  | RR >30 or Sats <92% |  |
| Acute exacerbation asthma/COPD |  |  |  |

If a patient meets an exclusion criteria and cannot be managed as part of another CAP then please manage the patient according to inpatient emergency pneumonia guidelines. Please discuss urgently with the medical SpR on-call at ESH on bleep 700.

**Septic shock is a medical emergency and should be managed according to local guidelines. Ensure full history and examination is documented.**

**Initial treatment**

During assessment

 If SBP <100 give IV fluid bolus.

 If RR >20 or sats <95% do an ABG and give O2 to aim for sats of 94-98%.

 If temperature elevated give paracetamol 1g orally.

**Initial Investigations**

 UE, FBC, LFT, CRP, Blood culture

 CXR

**Assess severity**

|  |  |
| --- | --- |
| **CURB-65 score** | **Tick** |
| New confusion (AMTS <8) |  |
| Urea >7mmol/l |  |
| RR >30 |  |
| SBP <90 |  |
| DBP <60 |  |
| **Total score** |  |

**If CURB-65 score 2 or more**

1. Admit and treat with IV fluids, antibiotics and oxygen as needed.

**If CURB-65 score 1 or less**

1. Start oral antibiotics as per formulary (note any allergies)

a. Amoxicillin 500mg tds and Clarithromycin 500mg bd for 7 days

2. Suggest oral paracetamol and NSAIDs over the counter for fevers

3. Consider admission to CD Ward

4. Consider discharge as below:

**Discharge decision**

|  |  |
| --- | --- |
| **Patient can be discharged if all are met:** | **Tick** |
| Diagnosis secure of mild pneumonia |  |
| No significant breathlessness |  |
| Patient feels able to manage well at home |  |
| No other reason for admission |  |
| Patient has a good understanding of management |  |
| Patient will not be alone at home (not absolute) |  |

**Ensure that you tell patients/carers the following**

|  |  |
| --- | --- |
| **Patient information:** | **Tick** |
| To call 999 if significant worsening of breathing |  |
| If significant opacity on CXR need CXR in 6 weeks |  |
| Must attend follow-up appointment with GP |  |

**Communication/Follow-up**

1. Create EDS or other discharge note and send to GP with copy to patient

2. Ask the patient’s GP to review when antibiotics completed.

3. Ask GP to arrange 6 week follow-up CXR if in a risk group (e.g. Over 50, smoker, etc.) or if the symptoms do not settle completely.

4. Provide the patient with an information leaflet/patient passport and copy of the EDS

5. File this paperwork in the patients notes

**RAC Doctor/GP responsible for patient:**

I confirm that I have followed the patient pathway above and completed the steps required

**Signed: Grade: Contact details:**