

Pneumonia CAP

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Initial Assessment & Treatment

Name:

NHS:

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	

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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:

