MANAGEMENT OF COMMUNITY ACQUIRED PNEUMONIA
Including Nursing Home/Residential Home patients. Nice 2014

Suspected CAP + SEPSIS → Consider Sepsis 6 Bundle. Assess patient as below
(This guideline does not apply to patients with neutropenia or severe immunosuppression)

For Further Advice:
Contact Respiratory (9am-5pm)
Tay.respiratory@nhs.scot
or
Medical Team on-call (5pm-9am) via switchboard

If Aspiration → See Antibiotic Man
For common bacteria - See Micro man
For Penicillin Allergy (Rash AND/OR Anaphylaxis) – See Penicillin Hypersensitivity Guidelines

ASSESS SEVERITY
Evidence of consolidation on chest x-ray
PLUS:
CORE Adverse Prognostic Features (Score 1 for each):
CONFUSION, NEW (MSQ ≤8/10)
UREA >7mmol/l (if available)
RESPIRATORY RATE ≥30/minute
BP <90mmHg (systolic) or ≤60mmHg (diastolic)
65 AGE ≥ 65 years

The presence of other prognostic features may increase the severity assessment in addition to the CURB65 score and must be taken into consideration.

PRE-EXISTING Adverse Prognostic Features:
Co-existing chronic illness e.g. chronic bronchial sepsis/bronchiectasis
ADDITIONAL Adverse Prognostic Features:
Bilateral or multi-lobar changes on CXR (if available) or changes suggestive of empyema or cavitation, Acidosis (arterial pH <7.35),

AT DISCHARGE
• Smoking cessation advice
• Chest X-ray at 6/52 if risk of lung cancer (e.g. smokers and/or age >50y) – arranged in hospital

FOLLOW-UP
• Consider further investigation for persistent symptoms/signs
• GP to ORGANISE FOLLOW-UP ARRANGEMENTS
• Influenza/pneumococcal vaccination for those >65 years or with chronic illness
• Smoking cessation advice

CONSIDER IV to ORAL SWITCH IF:
- Oral/GI route available
- Temperature <38°C for 24h
- SaO2/PaO2 ≥92%/8.0kPa (air)
- RR < 30/minute
- BP ≥90/60 mmHg

IVOST ALL MILD/MODERATE CAP (CURB 65 score 0-2) patients to:
Oral Amoxicillin 1g TDS
Or
Oral Doxycycline 100mg once daily if penicillin allergic
Total IV/Oral Duration 5 days

IVOST ALL SEVERE CAP patients to:
Oral Doxycycline 100mg BD
Or
Oral Co-trimoxazole 960mg BD
Total IV/Oral Duration 5 days

CONSIDER DISCHARGE 24-HOURS AFTER SWITCH TO ORAL THERAPY

CURB65 SCORE 0 or 1 (Mild) & NO prognotic features
Consider home therapy if:
Satisfactory Social Situation
Consider ESDS (9am -5pm) OR
Community Hospital Bed
AMOXICILLIN 1g TDS oral
Penicillin Allergy: Doxycycline 200mg on day 1 then 100mg daily
5 Days of antibiotics (IV/oral) in total (CURB65 score 0 – 2)
Document course length of antibiotics on TPAR

CURB65 SCORE 0 or 1 (Mild) WITH prognostic features
Patient remains in hospital
AMOXICILLIN 1g TDS (Oral)
Penicillin Allergy: Doxycycline 200mg on day 1 then 100mg daily
IF Penicillin Allergy and IV required: *Clarithromycin 500mg BD
5 Days of antibiotics (IV/oral) in total (CURB65 score 0 – 2)
Document course length of antibiotics on TPAR

CURB65 SCORE 2 (MODERATE)
AMOXICILLIN 1g TDS (Oral)
Consider IV if systemic involvement
PENICILLIN ALLERGY: Doxycycline 200mg on day 1 then 100mg daily
If penicillin allergic and IV required:
*Clarithromycin 500mg BD
5 Days of antibiotics (IV/oral) in total (CURB65 score 0 – 2)
Document course length of antibiotics on TPAR

CURB65 SCORE 3 OR MORE (SEVERE)
IV CO-AMOXICLAV 1.2g TDS PLUS DOXYCYCLINE 100mg BD
HDU/ ICU:
IV CO-AMOXICLAV 1.2g TDS PLUS IV/ PO Clarithromycin 500mg BD
PENICILLIN ALLERGY:
IV Levofloxacin 500mg BD

ALL SHOULD HAVE:
Blood culture, sputum culture, throat swab for virology PCR, and urinary legionella PCR and antigen tests

5 Days of antibiotics (IV/oral) in total (CURB65 score 3 or more)
if patient clinically stable
Document course length on TPAR

CLARITHROMYCIN
Remember:
Consider risk of prolonged QT interval
Consider potential drug-drug interactions e.g. statins, warfarin, theophylline, anti-epileptics

*CLARITHROMYCIN

5 Days of antibiotics (IV/oral) in total (CURB65 score 0 – 2
Document course length of antibiotics on TPAR

Curriculum Vitae

Updated AMG + Respiratory Team Sep 2020. Review: Sep 2023
Ref: BTS Guidelines 2014