MANAGEMENT OF COMMUNITY ACQUIRED PNEUMONIA in Hospital
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-UHB.respiratory@nhs.net 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)
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:
Pulse oximetry <92% or PaO2 <8.0kPa on any FiO2,
Bilateral or multi-lobar changes on CXR (if available)
or changes suggestive of empyema or cavitation,
Acidosis (arterial pH <7.35),

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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
- Influenza/pneumococcal vaccination for those >65 years or with chronic illness
- Smoking cessation advice

CURB65 SCORE 0 or 1 (Mild) & NO adverse prognostic 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

IF NOT IMPROVING: RE-ASSESS SEVERITY, ANTIBIOTICS, OXYGENATION and IV FLUIDS. Repeat CXR (empyema), SPUTUM CULTURE and consider investigations for mycobacteria spp including TB. Discuss with Respiratory Team.

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

IVOST ALL SEVERE CAP patients to:
Oral Doxycycline 100mg BD
Or
Oral Co-trimoxazole 960mg BD

CONSIDER DISCHARGE 24-HOURS AFTER SWITCH TO ORAL THERAPY

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

CURB65 SCORE 2 (MODERATE)
Patient remains in hospital
AMOXICILLIN 1g TDS (IV/Oral)
Penicillin Allergy:
Doxycycline 200mg on day 1 then 100mg daily

AMOXICILLIN 1g TDS (IV/Oral)

CURB65 SCORE 3 OR MORE (SEVERE)
IV CO-AMOXICLAV 1.2g TDS PLUS
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, Paired serology, throat swab for virology PCR, and urinary legionella antigen tests

7 Days of antibiotics (IV/oral) in total (CURB65 score 3 or more)
Document course length on TPAR

Updated AMG + Respiratory Team May 2018. Review: May 2020
Ref: BTS Guidelines 2014