

Community Acquired Pneumonia Clinical Pathway Executive Summary

PRIMARY OBJECTIVE

The primary objective for the Community Acquired Pneumonia Clinical Pathway is to provide clinicians with a tool to assist in the diagnosis and management of uncomplicated pediatric community acquired pneumonia (CAP) in otherwise healthy infants and children. This pathway is intended to help direct patient care from the Emergency Department through inpatient management to discharge.

RECOMMENDATIONS

1. No initial laboratory testing is necessary in the evaluation of patients with CAP who are well-mildly ill appearing.
2. Obtain blood cultures in children requiring hospitalization for presumed bacterial CAP that is moderate to severe.
3. Obtain rapid respiratory viral testing (including influenza) in the evaluation of patients with CAP who are moderately-severely ill.
4. Posteroanterior and lateral chest radiographs should be obtained in all patients hospitalized for CAP but should not be routinely repeated in children who recover uneventfully from an episode of CAP.
5. Administer ampicillin or penicillin G as the first-line antibiotic for fully immunized infants or school-aged children admitted with CAP.
6. Obtain tracheal aspirate for cell count with diff and culture at the time of intubation in patients with CAP who require mechanical ventilation.

RATIONALE

Safety: Will be improved by reducing the use of unnecessary antimicrobials, thereby reducing potential harm and antibiotic resistance.

Quality: Of care will improve by ensuring effective evaluation and management of presumed CAP in accordance with published evidence-based guidelines.

Cost: Will be reduced by eliminating the use of inappropriate laboratory testing, radiologic imaging, antibiotic usage and unnecessary hospitalizations.

Delivery: Will be improved by streamlining the care of patients with uncomplicated CAP.

Engagement: Will be created and supported by the involvement of a multidisciplinary team in the development and maintenance of the pathway which includes infectious disease physicians, hospitalists and emergency room physicians.

Patient/Family Satisfaction: Will be improved by providing the highest quality care based on established guidelines and the latest evidence available in the literature.

IMPLEMENTATION ITEMS

CAP order set, Antibiotic Therapy for CAP in Hospitalized Children Educational Handout (included as a link in CAP order set), IDSA Pediatric CAP guidelines (included as a link in CAP order set)

METRICS PLAN

1. % of CAP admissions that CAP order set is used
2. % of patients diagnosed with CAP who receive ampicillin or penicillin during the inpatient stay

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