**Community Acquired Pneumonia – Inpatient**

**Inclusion Criteria**
- Suspected community-acquired pneumonia in patients ≥ 3 months old

**Exclusion Criteria**
- Immunocompromised children – (HIV, SCID, cancer, chemotherapy, autoimmune disease requiring biologic therapy, etc.)
- Home mechanical ventilation
- Presence of empyema or moderate-large pleural effusion (≥ ¼ thorax opacified)
- Underlying lung disease other than asthma – (CF, BPD, patients with tracheostomies, etc.)
- Risk for aspiration pneumonia – (neuromuscular disorder, etc.)

**Inpatient Admit Criteria**
- Inability to tolerate PO
- Hypoxemic (SpO₂ < 90%)
- Respiratory distress (tachypnea, grunting, retractions)
- < 6 months of age
- Concern for home compliance and/or reliable follow-up

**Medical Unit Therapies**
- Continue antibiotics (if applicable) based on clinician assessment.
  - **Viral vs. Bacterial vs. Atypical Bacterial Pneumonia Characteristics**
    - Ampicillin IV or PCN G if fully immunized
    - Ceftriaxone if not fully immunized
    - PCN allergy: clindamycin
    - Azithromycin if atypical bacteria involvement is a concern
- O₂ to keep sats > 90%
- IVF, as needed

**Repeat Diagnostics**
- Repeat blood cultures if initial blood cultures are + (exception is S. pneumoniae – no need to repeat blood cultures in this instance).
- Repeat CXR if patient is not clinically improving in 48-72 hours after initiation of antibiotic therapy.

**Discharge Criteria**
- Overall clinical improvement x 12 – 24º
  - ↑ level of activity
  - ↑ appetite
  - ↓ fever
- Consistent SpO₂ > 90% on room air x 12 – 24º
- Stable/baseline mental status
- Tolerating home anti-infective regimen (IV or PO) and home O₂ (if applicable) and parents able to demonstrate administration
- ID consult if anticipating outpatient parenteral therapy

**PICU Admit Criteria**
- Mechanical ventilation
- Noninvasive positive pressure ventilation (NIPPV)
- Impending/concerns for respiratory failure or sepsis
- SpO₂ < 90% on FiO₂ ≥ 50%
- Altered mental status

**PICU Diagnostics & Therapies**
- Tracheal aspirate for cell count & diff and culture at time of intubation
- Continue antibiotics
  - ceftriaxone + azithromycin + vancomycin
- IVF, as needed
- Respiratory support

**Discharge Instructions**
- Treat x 7 – 10 days total
- Follow-up with PCP in 2-3 days

**Disclaimer:** Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

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