

COMMUNITY ACQUIRED PNEUMONIA (SIMPLE) CLINICAL PATHWAY

EMERGENCY DEPARTMENT

Inclusion Criteria

- ≥ 3 months old

Exclusion Criteria

- Empyema or moderate-large pleural effusion (≥¼ thorax opacified)
- Immunocompromised patient (HIV, SCID, cancer, chemotherapy, autoimmune disease requiring biologic therapy, transplant recipient etc.)
- Home invasive or non-invasive mechanical ventilation
- Underlying lung disease other than asthma (CF, BPD, patients with tracheostomies, etc.)
- Risk of aspiration pneumonia (neuromuscular disorder, etc.)

Illness Severity

Mild Pneumonia

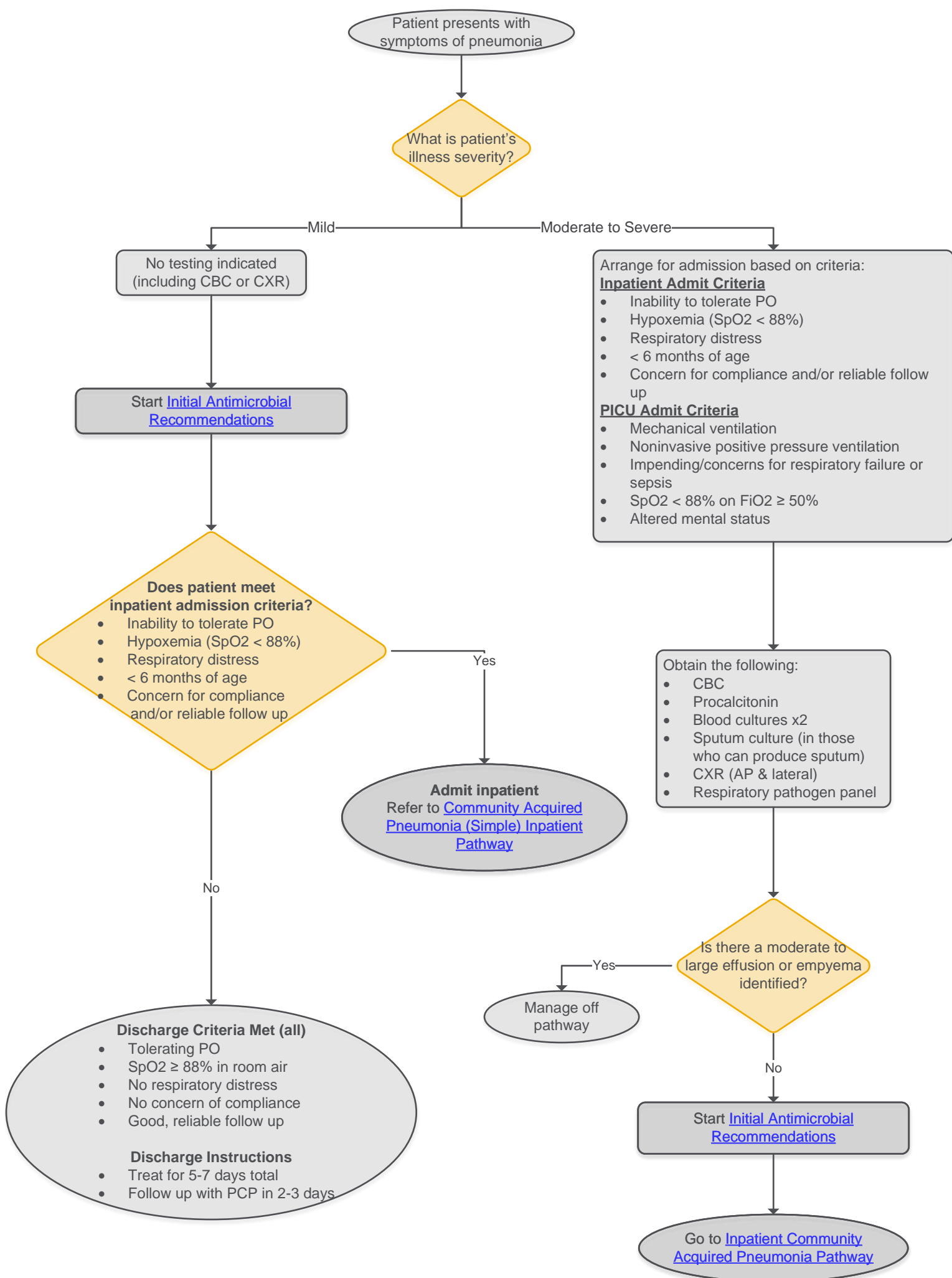
- Minimal increase in work of breathing
- Not hypoxemic (SpO₂ ≥ 88%)
- Able to tolerate PO

Moderate Pneumonia

- Moderate increase in work of breathing
- Hypoxemic (SpO₂ < 88%)
- Unable to tolerate PO

Severe

- Significant increase in work of breathing
- Failure to maintain SpO₂ ≥ 88% on FiO₂ ≥ 50%
- Altered mental status



Community Acquired Pneumonia Etiology Characteristics

	Viral Pneumonia	Bacterial Pneumonia	Atypical Bacterial Pneumonia
Etiologies	RSV, hMPV, rhinovirus, parainfluenza, influenza, coronaviruses, adenoviruses	<i>Streptococcus pneumoniae</i> , <i>Haemophilus influenzae</i>	<i>Mycoplasma pneumoniae</i> , <i>Chlamydia pneumoniae</i>
Age	All ages; most common etiology in children < 5 years	All ages	Most common in ages > 5 years
Onset	Gradual	Abrupt, rapid progression	Gradual, slow progression
Symptoms	Non-productive cough typically preceded by URI symptoms (coryza, pharyngitis, mild fever, etc.)	Fever, chills, cough (± productive), ± localized chest pain	Non-productive, irritative cough, typically preceded by headache, malaise, pharyngitis
Physical Exam Findings	Non-toxic appearing; diffuse, bilateral auscultatory findings of w heezing or crackles	Ill appearance, tachypnea, respiratory distress, focal auscultatory findings of rales or "tubular" breath sounds; dullness to percussion over the involved lung area	Well-appearing; diffuse rales, crackles, rhonchi, or w heezes
Radiographic Findings	Diffuse, bilateral interstitial infiltrates	Alveolar infiltrates, lobar, or segmental consolidation, "round pneumonia", complications may include pleural effusion, empyema, lung abscess, necrotizing pneumonia or pneumatocele	Diffuse, bilateral interstitial infiltrates