# PRACTICAL PEARLS: Community Acquired Pneumonia

## INTRODUCTION
- Baystate Children’s Hospital is one of 53 sites collaborating to increase compliance with the PIDS/IDSA 2011 evidence-based guideline for pediatric CAP [http://cid.oxfordjournals.org/content/53/7/e25.short](http://cid.oxfordjournals.org/content/53/7/e25.short)

## INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE
- Chest X-Ray is not recommended in the outpatient setting unless diagnosis unclear or no improvement in 48-72 hours to rule-out effusion. CXR is recommended for hospitalized children.
- Viral testing is only recommended if it will affect decision to prescribe antimicrobials (e.g., Oseltamivir for influenza).
- Blood Cultures are not recommended in the outpatient setting due to the low yield (3-11%) but are recommended for hospitalized children.
- Recommended antibiotics for an immunized child with uncomplicated CAP include Amoxicillin (90mg/kg/day for 10 days) for outpatients and Ampicillin (200mg/kg/day) for inpatients.

## WHEN TO REFER
- Children clinically determined to have moderate/severe CAP indicated by tachypnea, dyspnea, retractions, grunting, lethargy, apnea and/or SaO2 < 90%.

## HOW TO REFER
- **413-794-KIDS**
- Please understand children with respiratory distress should be sent directly to Emergency Department

## WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT
- Our pediatric hospitalist service will evaluate and treat your patient’s pneumonia per the most recent evidence-based guidelines.
- Questions? call 413-794-0000 and page the Pediatric Hospitalist on Call

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