

PRACTICAL PEARLS: Community Acquired Pneumonia

INTRODUCTION	<ul style="list-style-type: none">• 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
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Children clinically determined to have moderate/severe CAP indicated by tachypnea, dyspnea, retractions, grunting, lethargy, apnea and/or SaO₂ < 90%.
HOW TO REFER	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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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