Pneumonia

Mark Thomas
Auckland City Hospital
2012

Scenario

Mr G is a 68 year old man (15 cigs/day)

Cough, sputum, SOB, fever for 2 days

Temp = 37.3

BP = 160/95, RR = 34/min, O2 satn = 89%

Crackles in L base

How should he be managed?

CRB65 severity score

CRB65 Tool

CONFUSION	MSQ or AMT 8 or less (see below)	Score 1
RESP RATE	> 30 breaths per min	Score 1
BLOOD PRESSURE	<90 systolic OR <60 diastolic	Score 1
65	Age 65 or older	Score 1

Score	CAP Severity	Mortality[1]	Action	
0	Mild	~1%	Primary care treatment	
1	Moderate	~5%	Consider admission	BUT
2	Mod severe	~12%	Admit to hospital	
3-4	Severe	>30%	Urgent admission	

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- NGO Mental Health & Addictions
- Dentistry
- Cancer Support

Our information last updated at 4:04PM on July 23, 2012

Medical Professional Site

DHB Service Directory

Measles Information — Auckland Region only

Auckland DHB | Capital & Coast DHB | Counties Manukau DHB

Northland DHB | Waitemata DHB | Starship Children's Health Starship

NEW **Clinical Pathways**

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Auckland Regional Electronic Referrals Project (eReferrals)

Buchanan Rehabilitation Centre (BRC)

Counties Manukau DHB Gastroenterology and Hepatology

Mason Clinic Regional Forensic Psychiatry Services

Auckland DHB LabPlus

Ranfurly Medical Centre

Regional Information Strategy 2010-2020 (RIS10-20)

TARPS (The Auckland Regional Pain Service)

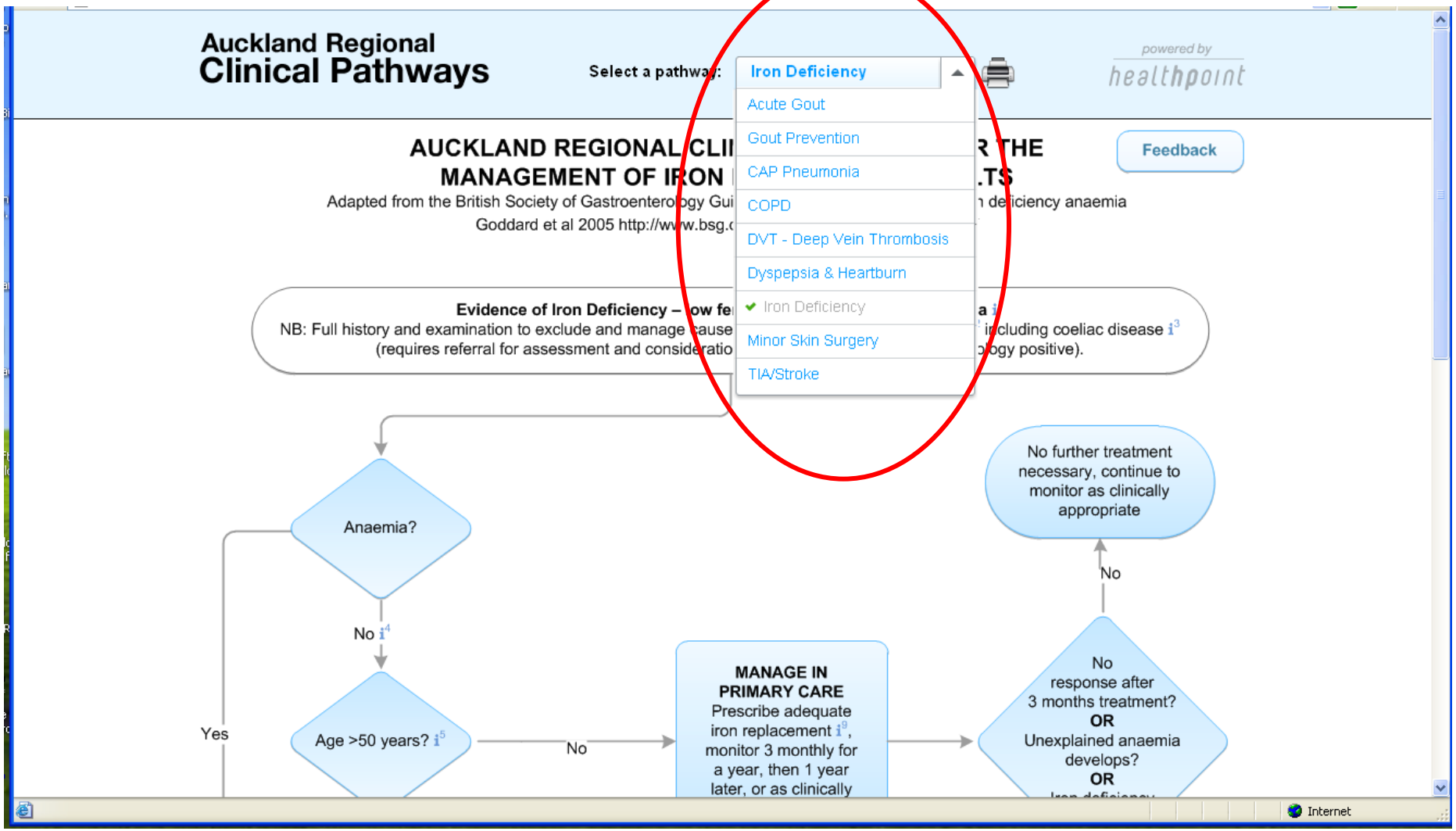
Other

Auckland District Health Board (ADHB)

Conditions & Treatments

Government Organisations

Health Careers


Auckland Regional
Clinical Pathways
Select a pathway:
Iron Deficiency
Acute Gout
Gout Prevention
CAP Pneumonia
COPD
DVT - Deep Vein Thrombosis
Dyspepsia & Heartburn
Iron Deficiency
Minor Skin Surgery
TIA/Stroke
powered by
healthpoint
Feedback
Adapted from the British Society of Gastroenterology
Goddard et al 2005
including coeliac disease i3
positive).
Anaemia?
No i4
Yes
Age >50 years? i5
No
MANAGE IN PRIMARY CARE
Prescribe adequate iron replacement i9, monitor 3 monthly for a year, then 1 year later, or as clinically
No response after 3 months treatment?
OR
Unexplained anaemia develops?
OR
No
No further treatment necessary, continue to monitor as clinically appropriate
Internet

Management at home if:

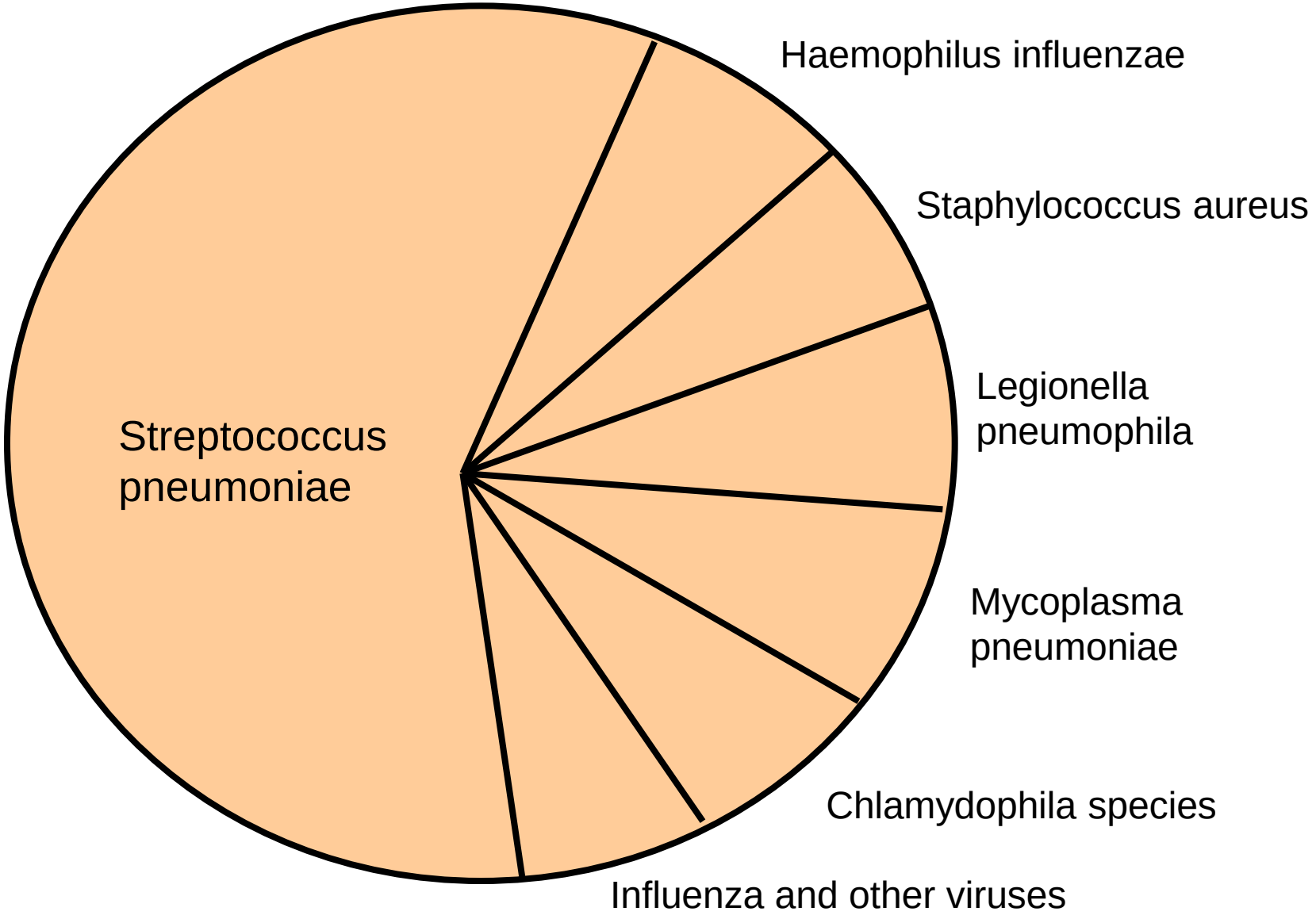
CRB65 score = 0 or 1

Confusion, RR>30,

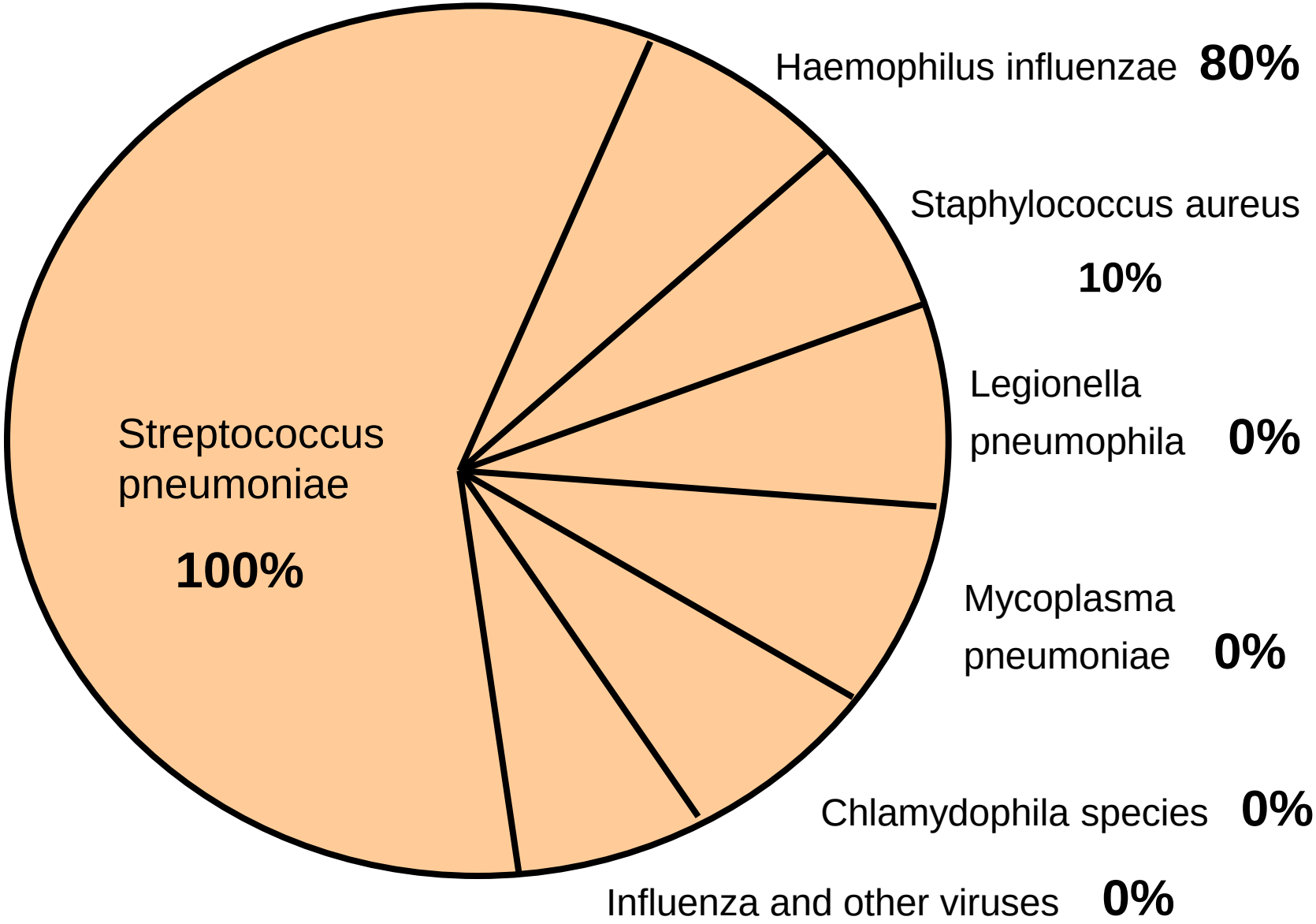
Syst<90, Diast<60,

Age >65

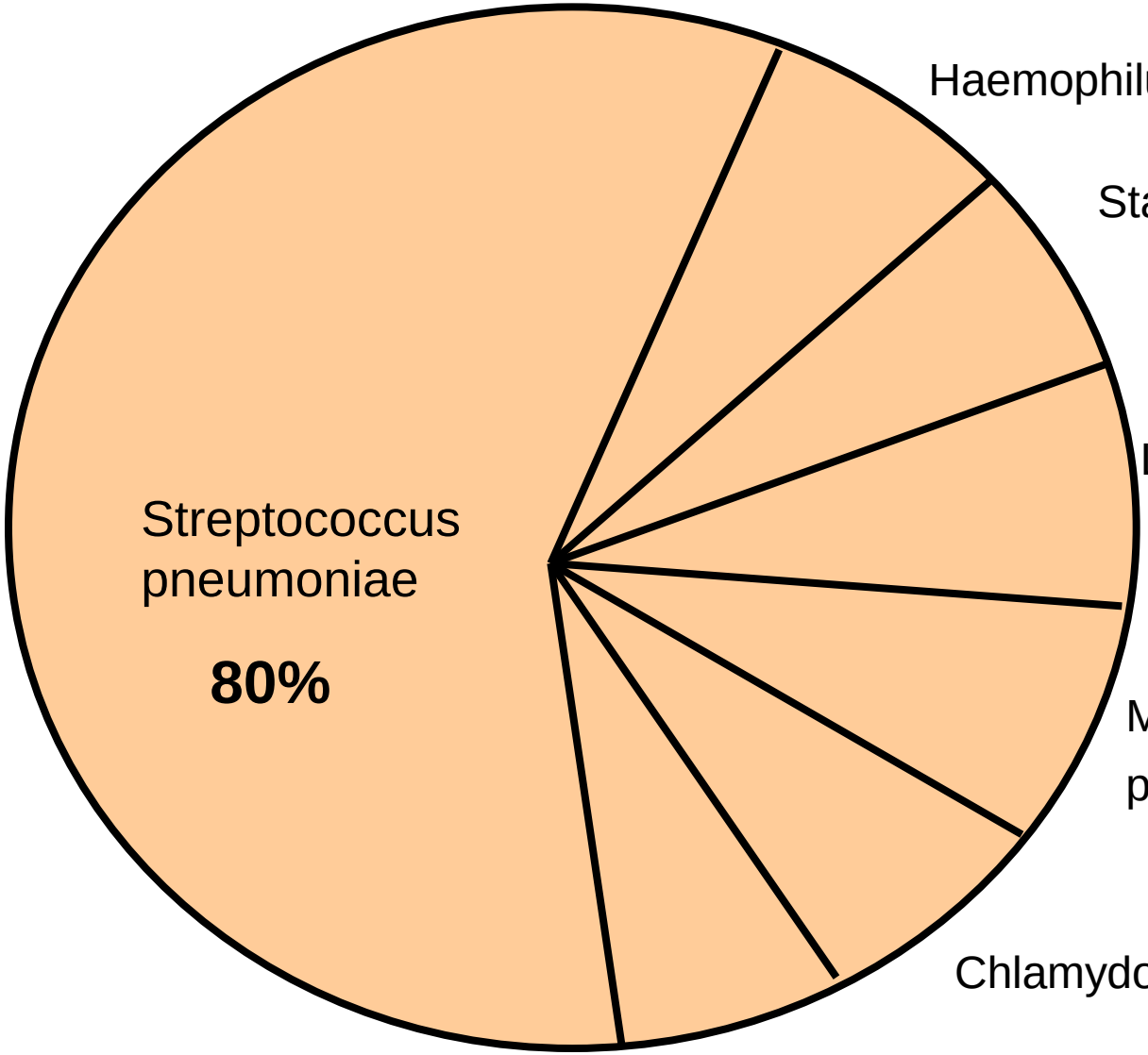
Aetiology


Haemophilus influenzae
Staphylococcus aureus
Legionella pneumophila
Mycoplasma pneumoniae
Chlamydophila species
Influenza and other viruses
Streptococcus pneumoniae

Sensitive to amoxycillin



Sensitive to erythromycin



Haemophilus influenzae **0%**

Staphylococcus aureus **90%**

Legionella pneumophila **100%**

Mycoplasma pneumoniae **100%**

Chlamydophila species **100%**

Influenza and other viruses **0%**

Management at home: CRB65 = 0

1. Antibiotic Therapy

Commence as soon as possible – preferably within 1 hour and not later than 4 hours.
IV therapy is NOT recommended for treatment of CAP in the community (see Appendix).

- **Amoxicillin** 500mg 8 hourly orally for 5-7 days
  OR (if allergic)
- **Doxycycline** 200mg stat then 100mg daily for 7 days
  OR
- **Roxithromycin** 300mg daily for 10 days (150mg OD if cirrhotic liver disease)

If suspect **atypical** pathogens, or if slow response to amoxicillin:

- Amoxicillin + Roxithromycin for two weeks.

2. Investigations

CXR, sputum and bloods not usually required.

If suspicious of TB, obtain *three* morning sputum samples.

Management at home: CRB65=1

1. Antibiotic Therapy

Commence as soon as possible – preferably within 1 hour and not later than 4 hours.
IV therapy is NOT recommended for treatment of CAP in the community (see Appendix)

- **Amoxicillin 500mg 8 hourly ORALLY**
  - **Higher dose as initial or if wt >80kg**

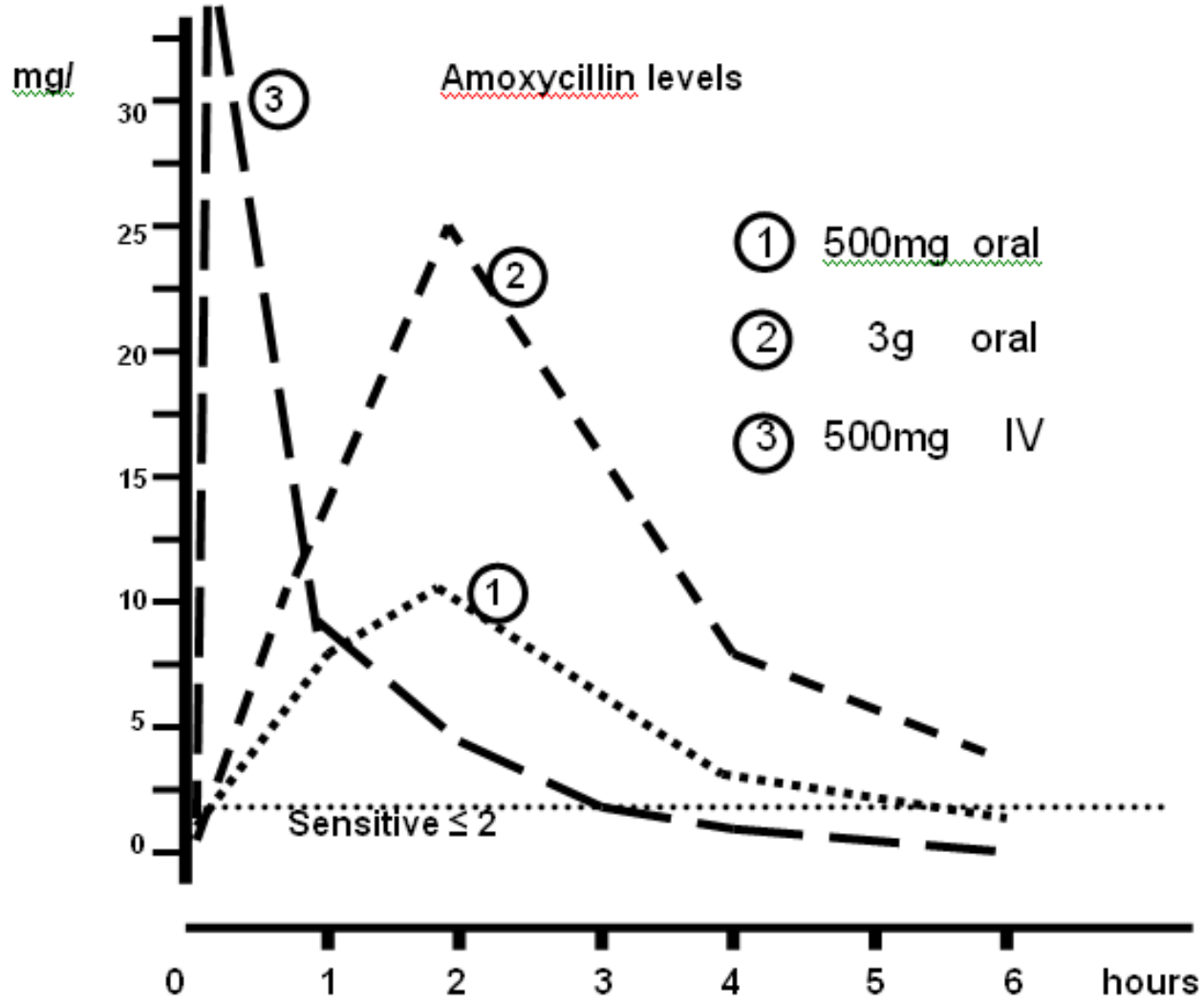
  PLUS
  Roxithromycin 300mg daily

  OR (if allergic)
- **Doxycycline 200mg stat then 100mg daily**

} **5-10 days[1]**

[1]If atypical CAP suspected eg. *Mycoplasma* (7-yearly outbreaks), prolong Roxithromycin up to 14 days.

What about IV amoxycillin?



What else?

Short duration of treatment

Immunisation with Pneumovax or Synflorix

Immunisation with Influenza vaccine

Smoking cessation

Follow up CXR