**ADULT COMMUNITY ACQUIRED PNEUMONIA (CAP) MANAGEMENT**

**THO-South**

Facility: __________________

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**TRIAL FORM**

**Diagnosis of pneumonia:** Signs and symptoms consistent with an acute lower respiratory tract infection which may or may not include fever, rigors, cough, sputum production or if chronic cough change in sputum colour, shortness of breath or pleuritic pain AND new or worsening radiographic changes for which there is no other explanation.

### CLINICAL ASSESSMENT USING CORB SCORE

<table>
<thead>
<tr>
<th>Signs/Symptoms (CORB)</th>
<th>Score ONE (1) point for each feature present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confusion</td>
<td>new onset or worsening of existing state if cognitive impairment present</td>
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<tr>
<td>Oxygen</td>
<td>PaO2 60mmHg or less OR Oxygen saturation 90% or less on room air</td>
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<tr>
<td>Respiratory Rate</td>
<td>30 breaths or more per minute</td>
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<tr>
<td>Blood Pressure</td>
<td>Systolic Blood Pressure 90mmHg or less OR Diastolic Blood Pressure 60mmHg or less</td>
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**Total Score:**

### RECOMMENDED ANTIMICROBIAL THERAPY

**Criterion**

- **Mild**
  - CORB = 0
  - Stable comorbidities
    - Amoxicillin 1 gram orally 8-hourly
    - OR if atypical pathogens are suspected treat as mild penicillin allergy
    - Doxycycline 200mg stat then 100mg 12 hourly (If not tolerated then Clarithromycin 500mg 12 hourly)

- **Moderate**
  - CORB = 1
  - (Assessment of co-morbidities as may require ICU assessment)
    - Benzylpenicillin 1.2 gram IV 6 hourly
    - AND
    - Doxycycline 200mg orally stat then 100mg orally twice daily
    - (Or if Doxycycline not tolerated then use Clarithromycin 500mg orally 12-hourly)
    - Ceftriaxone 1 gram IV daily
    - AND
    - Doxycycline 200mg orally stat then 100mg orally twice daily
    - (Or if Doxycycline not tolerated then use Clarithromycin 500mg orally twice daily)
    - Moxifloxacin 400mg orally daily

- **Severe**
  - CORB = 2 or more
  - (Consider ICU Consultation)
    - Ceftriaxone 1 gram IV daily
    - AND
    - Azithromycin 500mg IV daily
    - Ceftriaxone 1 gram IV daily
    - AND
    - Azithromycin 500mg IV daily
    - Moxifloxacin 400mg IV or orally daily AND Azithromycin 500mg IV daily

### INVESTIGATIONS MUST NOT DELAY ANTIMICROBIAL THERAPY.

**INVESTIGATIONS TO BE PERFORMED INCLUDE:**
- Full Blood Examination, electrolytes, urea and creatinine
- Chest X-ray

**ADDITIONAL INVESTIGATIONS FOR MODERATE-SEVERE PNEUMONIA:**
- Sputum microscopy, culture and sensitivity (M,C,S)
- Arterial blood gases in patients with severe pneumonia or at risk of hypercapnic respiratory failure
- Urinary Antigens (pneumococcal/Legionella)
- Blood cultures
- Other testing may include: Respiratory PCR Testing OR other testing as per RHH Adult CAP Guideline on intranet.

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Print Name: __________________________

Designation: ________________________

Signature: __________________________

Date: ________________________________
**TIME TO ANTIBIOTICS IS PARAMOUNT. ANTIBIOTIC ADMINISTRATION WITHIN 4 HOURS OF ARRIVAL IS ASSOCIATED WITH DECREASED MORTALITY AND LENGTH OF STAY.**

**Penicillin Hypersensitivity/Severe life-threatening penicillin allergy**

Severe life-threatening penicillin allergy, or Type 1 hypersensitivity, are Immunoglobulin E mediated reactions resulting in the release of histamines and other mediators from mast cells and basophils. Reactions occur immediately to one hour after exposure, and are characterised by urticaria, angioedema, bronchospasm and anaphylaxis.

**Discussion with Respiratory Team for admission is recommended in:**

- Moderate or Severe pneumonia
- Multilobar pneumonia
- Significant parapneumonic effusion
- Patients with pneumonia who are well known to respiratory team.

**Indications for referral to the intensive care team include:**

- CORB score 2 or more (severe pneumonia)
- Severe/refractory hypoxemia (fraction of inspired oxygen requirement 0.4 or above)
- Septic shock
- Multi-organ failure
- Marked agitation/delirium
- Loss of airway protection
- Complex co-morbidities

**‘Atypical’ pneumonia**

Atypical pneumonia includes: *Chlamydia/Chlamydial species, Mycoplasma pneumoniae and Legionella species*).

Serum for atypical serology (*Chlamydia/Chlamydial species, Mycoplasma pneumoniae and Legionella species*) will only be tested with the receipt of convalescent serum in the laboratory (taken at 2-4 weeks post illness) or in discussion with the Medical Microbiologist.

**Less common but important aetiology:**

*Legionella* diagnosis has important public health implications. Consider and ensure testing if concern especially if renal failure and/or gastrointestinal symptoms are present.

**PLEASE REFER TO THE MANAGEMENT OF ADULTS WITH COMMUNITY ACQUIRED PNEUMONIA GUIDELINE ON THE INTRANET FOR THE COMPLETE GUIDELINE.**