

Pneumonia Observation Pathway

Is patient?

- Unstable (vital signs, septic shock, severe systemic illness)
- Current pulse oximetry reading < 92 on 2LNC, **OR**
 1. patient requires > 2L/min via NC if not on home O2 to maintain >92%
 2. O2 requirement > than: home requirement + 2LNC. **Limit 4LNC**
- Immunocompromised (ie: CD4 < 200, transplant, hematologic malignancy, solid organ malignancy with chemotherapy within 14 days)
- Multiple OR severe co-morbidities likely to significantly complicate disposition
- Require broad spectrum antibiotics (vancomycin, piperacillin/tazobactam, meropenem, cefepime)
- ESRD on dialysis

YES → **ADMIT**

NO ↓

- Obtain labs and CXR
- Initiate respiratory treatments if needed
- Order blood cultures x 2
- Calculate [CURB-65](#) score

Meets [inclusion criteria](#)? NO → **DISCHARGE**

YES ↓
CDU Admission Orders
[Antibiotics information](#)

Pneumonia inclusion criteria:

- Clinical picture consistent with CAP (ie: mild hypoxia, cough, emesis)
- Moderate symptoms
- Anticipated ED Obs duration > 8 hrs and < 24 hrs
- CXR findings consistent with pneumonia
- CURB-65 ≤ 2

Improving vitals?

- Able to ambulate without desaturation (maintain O₂ Sat >90, unless COPD diagnosis in which case >88. If on home O₂, perform test with home O₂)
- Tolerating POs

NO → **ADMIT for further Eval/Tx**

YES ↓

DISCHARGE Home
on antibiotics with F/U

Admission orders antibiotics:

- Azithromycin 500mg IVPB plus Ceftriaxone 1-2mg IVPB, **OR** Ampicillin-Sulbactam 3g IVPB
 - If tolerating PO's can choose Azithromycin: 500mg PO on day 1 followed by 250mg PO daily on days 2-5 PLUS Amoxicillin 1g PO TID for 7 days
- Levaquin 750mg PO daily for 5 days, **OR** Levaquin 750mg IVPB
- At clinician discretion, if none of the following apply, may elect Amoxicillin 1g TID (or, if allergy, doxycycline 100mg q12h):
 - receipt of IV Abx in last 90days during a hospitalization
 - hx of prior known respiratory MRSA or P. aeruginosa
 - chronic heart, lung, liver, or renal disease
 - diabetes
 - active alcohol use disorder
 - malignancy
 - asplenia

Most recent update: 4/20/2021
Department(s): Emergency Medicine