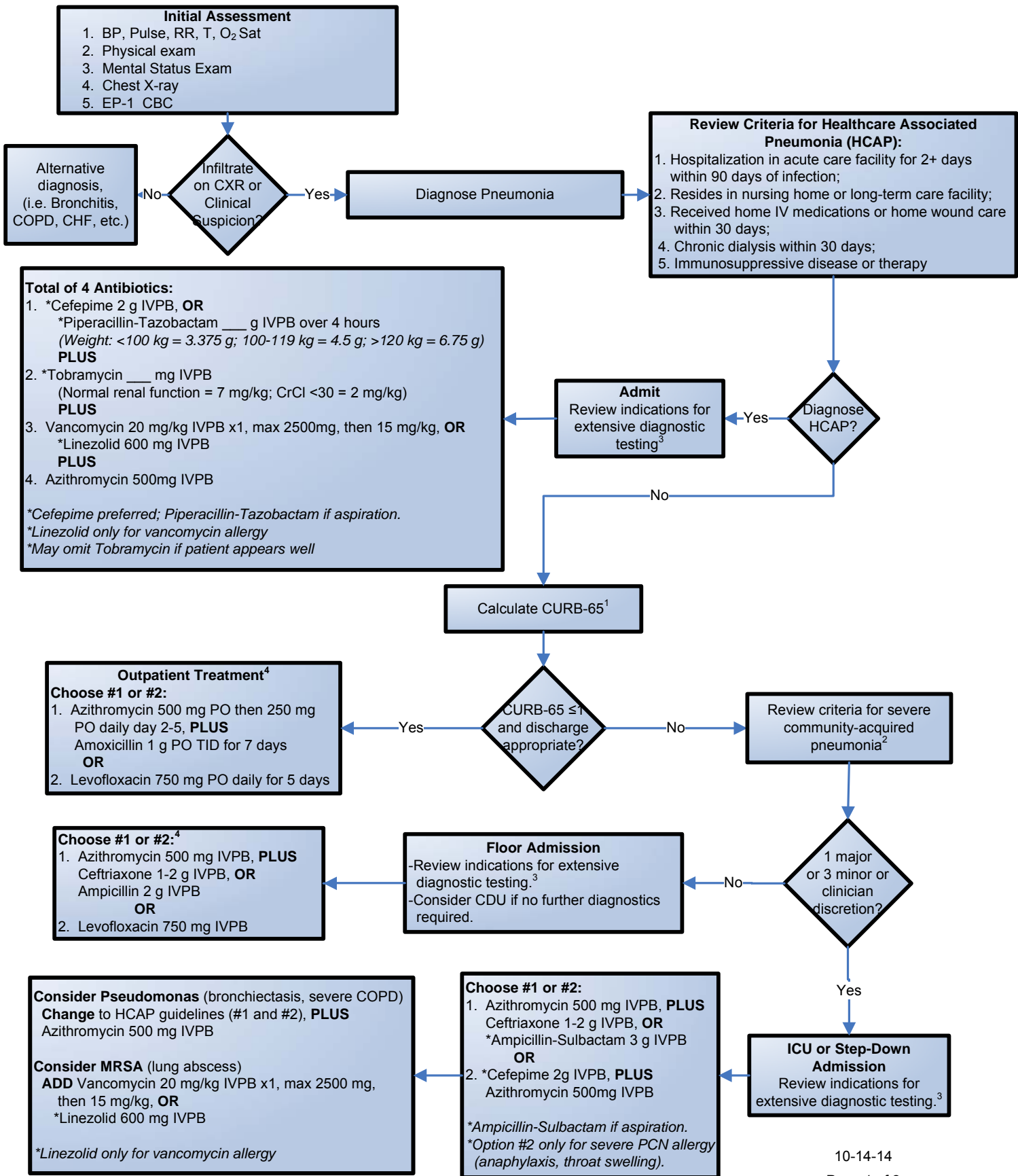


EmergencyKT: Suspected Pneumonia (Cough, fever, abnormal chest exam)

Core Measures
 PN-3b: Blood culture (if performed) before antibiotic
 PN-5c: Antibiotics within 6 hrs. of arrival



¹ CURB-65 Clinical Factor	Points
Confusion	1
Blood Urea nitrogen greater than 19 mg per dL	1
Respiratory rate greater than or equal to 30 breaths per minute	1
Systolic Blood pressure 90 mm Hg or less or Diastolic Blood pressure 60 mm Hg or less	1
Age 65 years or more	1
Add for Total	

CURB-65 or other scoring system does not replace physician judgment

Risk of Death by CURB score	
0	0.7%
1	3.2%
2	13.0%
3	17.0%
4	41.5%
5	57.0%

² Criteria for Severe Community-acquired pneumonia	
Minor Criteria	Respiratory rate ≥30 breaths / min
	PaO ₂ /Fio ₂ ratio ≤250
	Multilobar infiltrates
	Confusion/disorientation
	Uremia (BUN level ≥20 mg/dL)
	Leukopenia (WBC count <4000 cells/mm ³)
	Thrombocytopenia (platelet count <100,000 cells/mm ³)
	Hypothermia (core temperature <36°C)
Major Criteria	Hypotension requiring aggressive fluid resuscitation
	Invasive mechanical ventilation
	Septic shock with the need for vasopressors

³ Clinical Indications for More Extensive Diagnostic Testing					
Indication	Blood Culture	Sputum Culture	<i>Legionella</i> UAT	Pneumococcal UAT	Other
Intensive care unit admission	X	X	X	X	X ^a
Failure of outpatient antibiotic therapy		X	X	X	
Cavitary infiltrates	X	X			X ^b
Leukopenia	X			X	
Active alcohol abuse	X	X	X	X	
Chronic severe liver disease	X			X	
Severe obstructive/structural lung disease		X			
Asplenia (anatomic or functional)	X			X	
Recent travel (within past 2 weeks)			X		X ^c
Positive <i>Legionella</i> UAT result		X ^d	NA		
Positive pneumococcal UAT result	X	X		NA	
Pleural effusion	X	X	X	X	X ^e

NOTE: NA, not applicable; UAT, urinary antigen test

^a Endotracheal aspirate if intubated, possibly bronchoscopy or nonbronchoscopic bronchoalveolar lavage

^b Fungal and tuberculosis cultures

^c See table 8 for details

^d special media for *Legionella*

^e Thoracentesis and pleural fluid cultures

⁴ Treatment of Community Acquired Pneumonia
1. Monotherapy with azithromycin is not recommended due to high pneumococcal resistance in Cincinnati.
2. Levofloxacin is contraindicated in pregnancy.
3. Levofloxacin may increase the risk of <i>C. difficile</i> colitis
4. Due to risk of tendinopathy, avoid levofloxacin in adolescents, patients older than 60, patients with chronic renal disease, and patients on chronic steroids.
5. High-dose amoxicillin is needed to overcome pneumococcal resistance.
6. No adjustment to warfarin dosing needed.