

Paed. Community Acquired Pneumonia – ED Guide

1. Clinical Features

Typically

- Cough
- Fever
- Breathing difficulties
- Tachypnoea

Uncommon

- Wheeze
- Chest pain
- Abdo pain
- Vomit
- Headache

Mycoplasma

- Cough
- Wheeze
- Chest pain/Arthralgia
- Symptoms worse than signs

2. Severity

	MILD-MOD	SEVERE
INFANTS	Temp <38.5 RR <50 Mild recession Taking full feeds	Temp >38.5 RR >70 Mod-Severe recession Nasal flaring Cyanosis Apnoea Grunting Not feeding Tachycardia CRT >2 seconds
OLDER CHILDREN	Temp <38.5 RR <50 Mild breathless No vomiting	Temp >38.5 RR >50 Severe Resp. distress Nasal flaring cyanosis Grunting Signs of dehydration Tachycardia CRT >2 seconds

Mild-Mod condition

Investigations are not normally required

Plan for Discharge

- **Amoxicillin or Azithromycin**
- **Arrange open access with paediatrics**
- **Advice**
 - Return if deteriorating
 - No improvement at 48Hours
 - GP review
 - Add Azithromycin for 3 days
- **Under 2**
 - Not normally bacterial
 - If has pneumococcal vaccine treat for viral.
 - Arrange contact with community nursing team [via Paeds.]

Severe condition

Admit child to paediatrics

- **Investigations**
 - Chest X-Ray
 - FBC/U&E/CRP
 - Blood Culture
- **Management**
 - Oxygen [maintain SaO₂ >92%]
 - IV Fluids as required
 - Analgesic/Antipyretic
- **Antibiotics**
 - Oral Amoxicillin or Azithromycin [Preferred]
 - IV therapy if; Septic or oral not tolerated
 - Consider adding Azithromycin if mycoplasma suspected
 - If History of Influenza prior, Co-Amoxiclav [Staphylococcus cover]