

Consensus Guidelines for Inpatient Management of Community Acquired Pneumonia in Infants & Children > 3 Months:

UCSF Northern California Pediatric Hospital Medicine Consortium

Executive summary

Objectives

- Standardize and improve the quality of care of pediatric patients with uncomplicated community acquired pneumonia (CAP) in the outpatient and inpatient settings; specifically:
 - Decrease unnecessary laboratory testing and imaging
 - Standardize admission / discharge criteria to decrease unnecessary hospital days
 - Decrease use of broad-spectrum antibiotics and use best available evidence to guide selection of appropriate antibiotic therapy

Recommendations

- Do NOT routinely obtain laboratory testing or imaging in children with CAP who can be treated in the outpatient setting
- Consider obtaining blood culture in children with moderate to severe CAP requiring hospitalization
- Obtain PA and lateral chest x-ray in children requiring hospital admission for CAP
- Obtain rapid influenza and other respiratory viral testing in the evaluation of children with CAP
- Use Amoxicillin / Ampicillin for first-line treatment of uncomplicated, typical CAP in most children
- Discontinue use of continuous pulse oximetry monitoring in hospitalized patients who are clinically stable and not requiring supplemental oxygen

Methods

This guideline was developed through local consensus based on published evidence and expert opinion as part of the UCSF Northern California Pediatric Hospital Medicine Consortium. In order to maximize the utility of these guidelines for our local patient population, the recommendations do in some places differ from the “weak” Infectious Disease Society of America (IDSA) or other nationally published guidelines based on local practice

Metrics Plan

To be determined.

Authors

D. Chan, M. Chan, K. Hoffman, T. Ruel, R. Wattier, E. Laves, J. Shih, G. Landman.