

CLINICAL PRACTICE GUIDELINE FOR Community-Acquired Pneumonia

Clinical feature suggest Community-acquired pneumonia

- Acute onset (< 2 weeks)
- Clinical (3/5)
 - Fever
 - Cough ± sputum
 - Dyspnea
 - Pleuritic chest pain
 - Crepitation, consolidation
- CXR : new infiltration

Exclusion: last admission in hospital within 3 weeks

Admission decision (at least 1)

1. Age > 65 yr.
2. Co-existing illness. COPD, bronchiectasis, Malignancy, DM, CRF, CHF, chronic fever disease, chronic alcohol abuse, malnutrition, CVA, Post-splenectomy, Past admission within 1 year.
3. Physical finding
 - RR > 30 /min
 - SBP < 90 mmHg, DBP < 60 mmHg
 - PR > 125 /min
 - T < 35 °C or > 40 °C
 - Alternation of consciousness
 - Evidence of extra pulmonary infection sites
4. Lab findings
 - WBC < 4,000 /mm³ or > 30,000 /mm³ or absolute neutrophil < 1,000 /mm³
 - SpO₂ (room air) < 92 %
 - Creatinine > 1.2 mg/dl or BUN > 20 mg/dl
 - CXR : Multi-lobar involvement, cavitation, rapid radiographic spreading, pleural effusion
 - Hct < 30% or Hb < 9 gm%
5. Sepsis or organ dysfunction

Meet all criteria

No

Yes

Consider other Diagnosis

Community-acquired pneumonia

Admission Decision

OPD

IPD

• No cardio-pulmonary disease:

- Clarithromycin (500 mg)
1 x 2 ☉ 7 - 10 days

Or

- Roxithromycin (150 mg)
1 x 2 ☉ 7 - 10 days

• With cardio-pulmonary disease:

- Oral macrolides (as above)

+

- Amoxicillin (500 mg) 2 x 2 ☉
7-10 days

Or

- Augmentin (625 mg) 1 x 3 ☉
7-10 days

Group 1. Mild to moderate (Score 1 - 2)

- Beta-lactam (IV) + Macrolides ☉ or
Levofloxacin (IV)

Group 2. Severe (Score 3 - 5)

No risks for *P. aeruginosa*

1. Beta-lactam (IV) + Macrolides ☉ or
Levofloxacin (IV)

2. Beta-lactam (IV) + Levofloxacin (IV)

Group 3. Severe (Score 3 - 5)

Risks for *P. aeruginosa*

- Antipseudomonal Beta-lactam (IV) +
Antipseudomonal Fluoroquinolone (IV)

Group 4. Risks for *B. pseudomallei*

- Ceftazidime (IV) + Cotrimoxazole ☉

ICU admission criteria

1 major criteria or 2 minor criteria

(1) Major criteria

- Need Ventilator
- Septic Shock

(2) Minor criteria

- SBP < 90 mmHg
- Multi-lobar involvement
- SpO₂ < 92 % with oxygen supplement

Indication of Sputum G/S, C/S

- ICU Admission
- Lung diseases
- Chronic alcohol users
- No response to treatment within 72 hr.
- Patients following physical or Laboratory finding in Admission Criteria

P. aeruginosa risk

- Structural lung disease : Bronchiectasis
- Broad-spectrum antibiotic for 7 days within the past month
- Corticosteroid therapy (prednisolone > 10 mg/day)
- Severe malnutrition

พิจารณาเปลี่ยน antibiotic ชนิดฉีดเป็นชนิดกิน เลือกยาที่ครอบคลุมตามผลเพาะเชื้อหรือใกล้เคียงกับยาฉีด เมื่อใช้ลง 24 - 48 ชั่วโมง และอาการทางปอดดีขึ้น