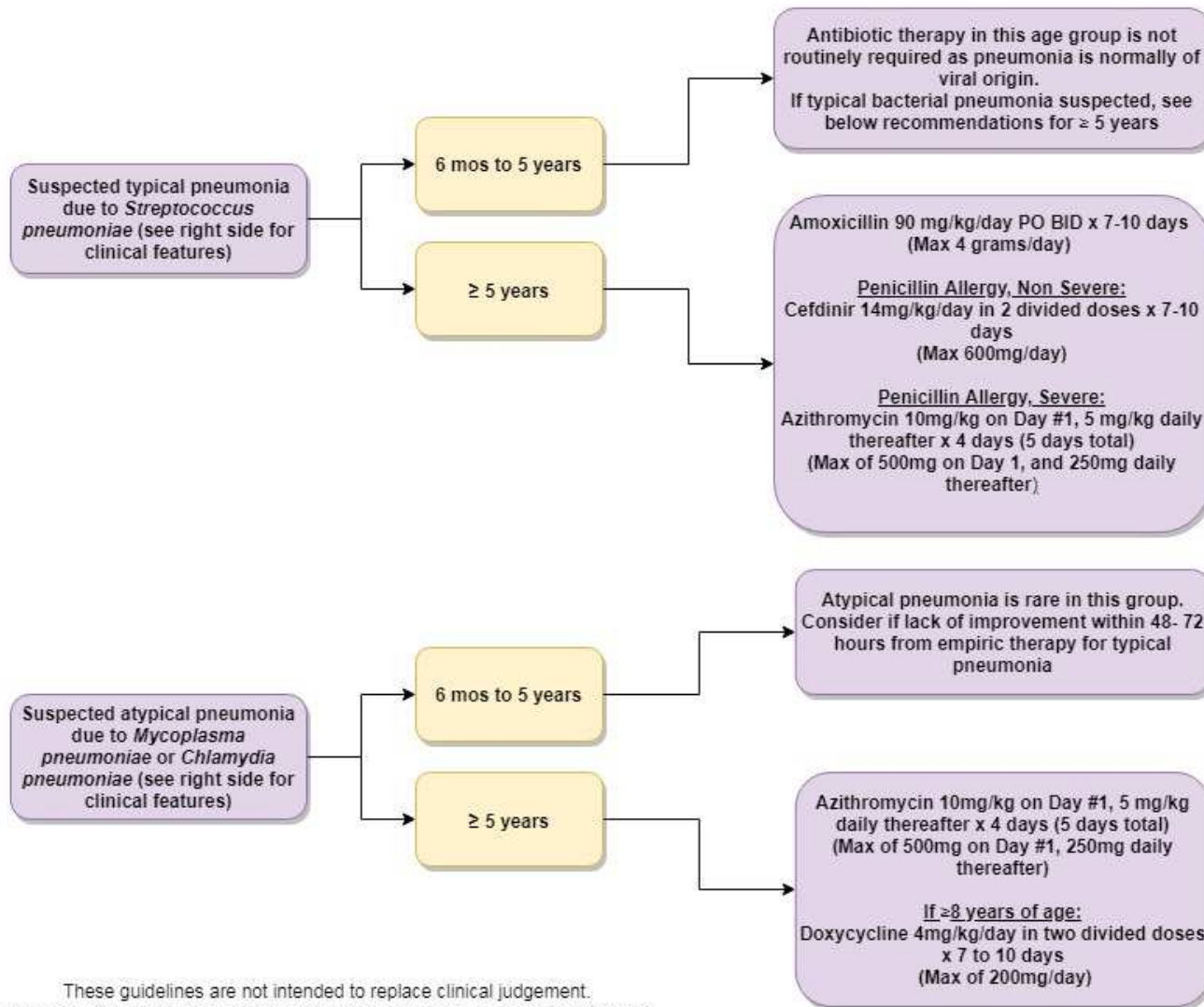




# ASTRIA SUNNYSIDE HOSPITAL

## Antibiotic Algorithm for Community-Acquired Pneumonia (Outpatient, Pediatric Only)



These guidelines are not intended to replace clinical judgement.  
Based on IDSA/PIDS 2011 Practice Guidelines for CAP In Infants and Children  
Older Than 3 Years of Age and Community Acquired Pneumonia in Children  
from UpToDate

Antimicrobial Stewardship  
Approved by P & T April 2020

Clinical Pearls
<p>Children 1-6 mos of age with suspected bacterial pneumonia should be hospitalized</p> <p>Antibiotic therapy is not necessary for children with a positive flu swab in the absence of clinical, lab, or radiographic findings that suggest bacterial coinfection</p>
Clinical Features of Typical Pneumonia
<ul style="list-style-type: none"> <li>Children of all ages</li> <li>Abrupt onset</li> <li>Ill-appearance</li> <li>Chills</li> <li>Moderate to severe respiratory distress</li> <li>Focal auscultatory findings</li> <li>Localized chest pain</li> <li>WBC count &gt;15,000/microL (if obtained)</li> <li>Elevated acute phase reactants (if obtained)</li> </ul>
Clinical Features of Atypical Pneumonia
<ul style="list-style-type: none"> <li>Children of all ages (most common in children &gt;5 years)</li> <li>Abrupt onset with constitutional findings (malaise, myalgia, headache, rash, conjunctivitis, photophobia, sore throat, headache)</li> <li>Gradually worsening nonproductive cough</li> <li>Wheezing</li> <li>Extrapulmonary manifestations or complications (eg, Stevens-Johnson syndrome, hemolytic anemia, hepatitis, etc)</li> <li>Interstitial infiltrates</li> </ul>