Adfinitas Health Rehabilitative Services Clinical Guidelines

Guideline Title: Bacterial Pneumonia Algorithm

Purpose: Assist with diagnosis and treatment of bacterial pneumonia.

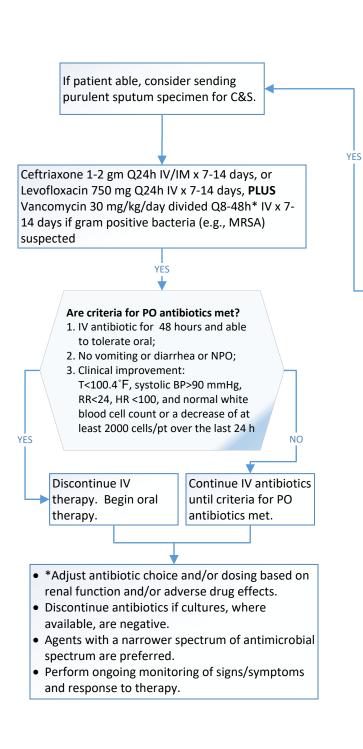
Guideline is intended to help inform clinical practice and is not intended nor should it be utilized to establish a standard of care. In addition, it is understood that every patient and every clinical circumstance is unique and individualized. Therefore, the provider should apply their own clinical judgment to the specific factors presented in determining the most appropriate care to be delivered to any particular patient.

Scope: Post-Acute Clinicians

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Algorithm for the Management of Bacterial Pneumonia in Patients of Long Term Care



Does patient meet criteria for pneumonia?

- Fever >38.9°C [102°F] **AND** at least one of the following:
 - Respiratory rate >25
 - Productive cough

or

• Fever (>37.9°C [100°F] or a 1.5°C [2.4°F] increase above baseline temperature, but ≤38.9°C [102°F])

AND cough

AND at least one of the following:

- Pulse >100
- Rigors
- Delirium
- Respiratory rate >25

or

Afebrile patient with COPD and >65 years
 AND new or increased cough with purulent sputum production

or

 Afebrile patient without COPD and new cough with purulent sputum production

AND at least one of the following:

- Respiratory rate >25
- Delirium

or

- New infiltrate on chest X-ray thought to represent pneumonia
 AND at least one of the following:
 - Fever (>37.9°C [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)
 - Respiratory rate >25
 - Productive cough

Consider possibility of acute bronchitis. Routine treatment of uncomplicated acute bronchitis with antibiotics is not recommended, regardless of cough duration.

Options for symptomatic therapy include:

- Cough suppressants (e.g., dextromethorphan)
- Non-sedating antihistamine
- Decongestants (e.g., nasal spray-Oxymetazoline, pheylephrine)
- Beta agonists (e.g., albuterol)

If not acute bronchitis:

Antibiotics not indicated at this time. Provide supportive care. Re-evaluate patient every shift (e.g., v/s, fluid I/O, s/s, as needed) until symptoms resolve or change.

Notify provider of any changes in condition.

Department: PAS Clinical

NO