


Forename: _____ Last name: _____ Hospital No: _____ Date of birth: _____	 <b>St Helens and Knowsley Teaching Hospitals</b> <small>NHS Trust</small>											
<h2 style="margin: 0;">COMMUNITY ACQUIRED PNEUMONIA (CAP) BUNDLE</h2>												
<b>DIAGNOSIS</b>												
CAP <input type="checkbox"/> HAP <input type="checkbox"/> Aspiration <input type="checkbox"/> Other _____												
<b>CURE CAP® BUNDLE FOR ALL CONFIRMED COMMUNITY ACQUIRED PNEUMONIA</b>												
<b>Chest X-Ray</b>												
<input type="checkbox"/> CXR performed and reviewed within 4 hours of admission <input type="checkbox"/> CXR changes compatible with pneumonia												
<b>Urgent Oxygen assessment</b>												
Document Oxygen Saturation at time of admission _____ % Arterial Blood Gases done (see indications below) Y <input type="checkbox"/> N/A <input type="checkbox"/> <ul style="list-style-type: none"> <li>All critically ill patients including all patients with sepsis</li> <li>Unexpected or inappropriate hypoxaemia (SpO<sub>2</sub> &lt; 94%)</li> <li>Deteriorating Oxygen saturation or increasing breathlessness</li> <li>Any patient at risk of hypercapnic respiratory failure who comes in breathless</li> </ul>												
<b>PRESCRIBE</b> Oxygen on EPMA according to guidelines Y <input type="checkbox"/> N/A <input type="checkbox"/>												
<b>Record CURB65 Score</b>												
<table style="width: 100%;"> <tr> <td style="width: 40%;">Confusion (AMT &lt; 8)</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td rowspan="5" style="width: 50%; vertical-align: middle; text-align: right;">CURB65 Score = _____</td> </tr> <tr> <td>Urea &gt; 7mmol/L</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Respiratory Rate &gt; 30</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Systolic BP &lt; 90 or Diastolic BP ≤ 60</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Age &gt; 65</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Confusion (AMT < 8)	<input type="checkbox"/>	CURB65 Score = _____	Urea > 7mmol/L	<input type="checkbox"/>	Respiratory Rate > 30	<input type="checkbox"/>	Systolic BP < 90 or Diastolic BP ≤ 60	<input type="checkbox"/>	Age > 65	<input type="checkbox"/>
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<p><i>*For all patients, the CURB65 score should be interpreted in conjunction with clinical judgement. CURB65 alone can be misleading in terms of severity for patients younger than 65. Treat as severe if patient likely to have post-influenza CAP.</i></p>												
<p><b>CURB65 4 - 5: should be considered for transfer to critical care unit if for escalation</b></p> <p><b>CURB65 2: Respiratory Virtual Ward via SWISS Nurse bleep 7107 / CareFlow)</b></p> <p><b>CURB 65 0-1: should be considered for Discharge</b></p>												
<b>Early Antibiotics and Microbiology samples</b>												
<ul style="list-style-type: none"> <li>Take Blood cultures prior to antibiotics for patients with CURB65 ≥ 2 Y <input type="checkbox"/> N/A <input type="checkbox"/></li> <li>Prescribe 1st doses of antibiotics as <b>STAT</b> according to Trust <a href="#">Microbiology guidance</a> Y <input type="checkbox"/></li> <li>Subsequent antibiotic prescribed indicating review / stop date Y <input type="checkbox"/></li> <li>Collect microbiological samples according to severity of CAP</li> </ul>												

Low severity CURB65= 0-1	Moderate severity CURB65= 2	High severity CURB65= 3-5
<ul style="list-style-type: none"> <li>Sputum sample</li> <li>Pleural fluid if present</li> </ul>	<ul style="list-style-type: none"> <li>Sputum sample</li> <li>Blood cultures</li> <li>Urine for Pneumococcal Antigen</li> <li>Urine for Legionella antigen if relevant history present</li> <li>Pleural fluid if present</li> </ul>	<ul style="list-style-type: none"> <li>Sputum sample</li> <li>Blood cultures</li> <li>Urine for Pneumococcal and Legionella Antigen</li> <li>Pleural fluid if present</li> <li>BAL only if suggested by Respiratory team</li> </ul>

**Discuss with a microbiologist where there is a history of anaphylactic reaction to penicillin/Cephalosporins.**

Avoid recently used antibiotics.

Add flucloxacillin if Staphylococcus aureus suspected e.g. in influenza or measles

#### Oral switch:

Route of administration should be reviewed every 24 hours.

Switch to oral route when the patient has been afebrile for 24 hours, shows signs of clinical improvement and oral intake is satisfactory.

Base the choice of oral antibiotic on culture results, if available. If no positive culture results, change to the oral formulation.

For IV cefuroxime, switch to oral doxycycline. Note: Cefaclor must not be used unless an organism which is sensitive to this has been isolated as Cefaclor has poor activity against Haemophilus influenzae.

#### Treatment duration:

5-7 days but 2-3 weeks may be necessary for patients with S. aureus, Gram negative or legionella pneumonia.

**Please refer to full Trust Micro Guidelines on the intranet for further information**

### Counsel regarding Smoking Cessation

- Document patient's smoking status (audited by Trust)
- Offer nicotine replacement therapy
- Consider dual NRT if smoking >10/day
- Refer to [smoking cessation services on this link](#) (page 17)



### Arrange Follow-Up

- Request repeat CXR in 6-8 weeks time
- Refer to [Post-Pneumonia clinic via this link](#)
- Ask GP to review patient for *Pneumococcal vaccine* if aged 65 years or over

### Patient Information

British Lung Foundation Pneumonia Information leaflet provided

Y ☐

NAME \_\_\_\_\_

DATE \_\_\_\_\_

BLEEP \_\_\_\_\_

SIGNATURE \_\_\_\_\_