

RETU Pneumonia Pathway

Required testing prior to RETU admission

- CBC with differential
- BMP or venous panel
- CXR
- Pregnancy test in women of childbearing age

ED Evaluation

Not appropriate for RETU

- Hemodynamic instability or hypoxemia
- AMS
- Severe dehydration
- Outpatient treatment failure
- PSI score IV or V, CURB-65 score 3 or greater
- Complicated pleural effusions (i.e. empyema, exudative, loculated)
- Bacteremia

RETU Intake Evaluation (do not repeat testing if already done in ED)

Exam Focus

- Respiratory
- Mental status

Initial Testing

- Labs: CBC, BMP, legionella order set
- Labs (as indicated): Blood cultures x2, HIV test, Influenza/RSV PCR, sputum culture
- Imaging: CXR

Monitoring

- Continuous pulse oximetry (as clinically indicated)
- Respiratory status
- Temperature

Consults

(as indicated)

- Pulmonary
- Infectious disease

RETU Treatment / Evaluation

Initial Antibiotic Guide for Community Acquired Pneumonia

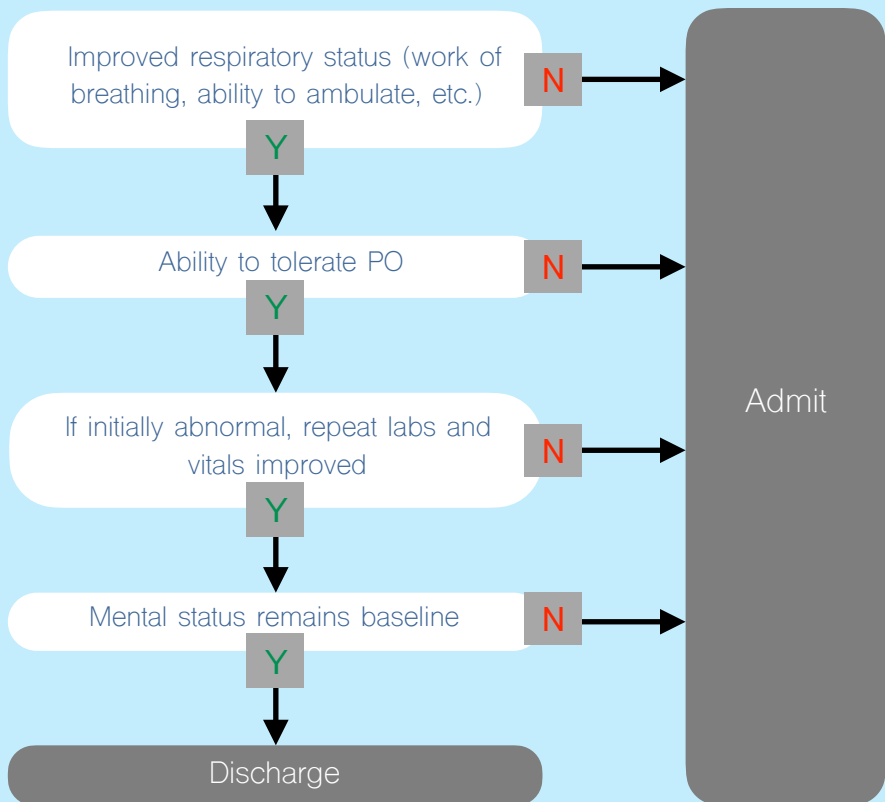
- Ceftriaxone 1gm IV daily **PLUS** Azithromycin 500mg PO/IV daily
- For prolonged QTc > 500: can substitute Doxycycline 100mg PO BID for atypical coverage
- For severe beta-lactam allergy: can use Levofloxacin 750mg PO/IV daily

Discharge Antibiotic Guide for Community Acquired Pneumonia*

- Azithromycin 250mg PO daily for 4 days **PLUS** (total 5 day course for all below) Amoxicillin 1 gram TID if drug-resistant *S. pneumoniae* suspected** **OR** Amoxicillin 500mg TID or 875mg BID if drug-resistant *S. pneumoniae* not suspected
- Cefpodoxime 200mg BID (verify with insurance)
- Levofloxacin 750mg daily (for beta-lactam allergy)

*Renal adjustment advised for levofloxacin, amoxicillin, cefpodoxime

**Age>65, antibiotics in past 3-6 months, immunocompromised, significant comorbidities, exposure to child in daycare



Disposition Guidelines

Discharge from RETU

- Hemodynamic stability
- Hypoxemia absent (or baseline if on home O2)
- Tachypnea absent
- Mental status baseline
- Ability to obtain outpatient antibiotics

Admission to Hospital

- Deterioration of clinical condition
- Worsening respiratory/mental status
- Worsening labs or pertinent vitals
- Inability to tolerate PO