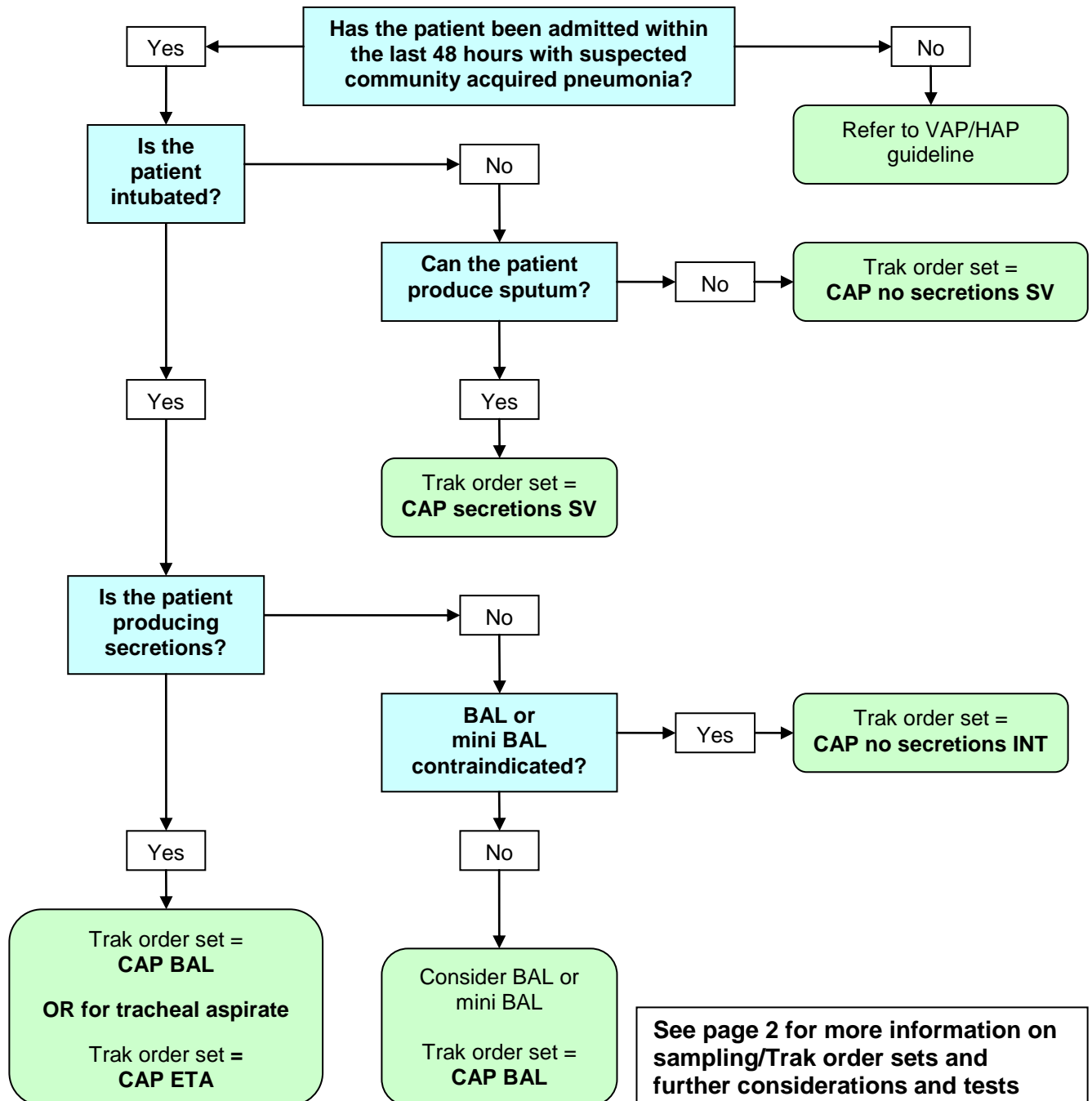


## Investigations required for Community Acquired Pneumonia (CAP)

Specimens to be sent to the microbiology laboratory in patients admitted with community acquired pneumonia.

**Cultures should ideally be taken prior to starting antimicrobials.**



Title: Investigation checklist for Community Acquired Pneumonia	
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Critical Care Guidelines  
FOR CRITICAL CARE USE ONLY

**Considerations**

<b>COVID-19 testing</b>	<ul style="list-style-type: none"> <li>➤ All patients &gt;70 years and any patient from residential/communal living setting</li> <li>➤ All patients admitted via unscheduled care</li> <li>➤ All patients where COVID-19 is clinically suspected</li> </ul>
<b>PJP testing</b>	<p>In severe CAP especially when patients are immunosuppressed</p> <ul style="list-style-type: none"> <li>➤ PJP must be stated as potential pathogen in TRAK request clinical information section.</li> </ul>
<b>Legionella, Severe Acute Respiratory Infection, MERS Co-V</b>	Send a deep respiratory specimen e.g. tracheal secretions or BAL or mini BAL or induced sputum.
<b>Travel history</b>	<p>Contact microbiology if recent foreign travel, as some areas are high risk for antibiotic resistance</p> <p>If recently in hotel or holiday resort consider Legionella</p>
<b>Occupational history</b>	<p>Gardening (<i>Legionella longbeachae</i>)</p> <p>Sheep farmer or abattoir worker (Q-fever)</p> <ul style="list-style-type: none"> <li>➤ For Q fever send EDTA blood sample for PCR</li> </ul> <p>Working with birds (<i>Chlamydophila</i> Spp.)</p> <ul style="list-style-type: none"> <li>➤ If <i>Chlamydophila</i> spp are suspected this must be stated as a potential pathogen in the Trak clinical infection section</li> </ul>
<b>Immunosuppression</b>	<p>PJP, cytomegalovirus, aspergillus and mycobacteria</p> <ul style="list-style-type: none"> <li>➤ Send BAL or induced sputum</li> <li>➤ Specifically request on Trak and label specimens for these tests</li> </ul>
<b>Anti-streptolysin O titres</b>	In the absence of positive results, consider convalescent sample 7-10 or more days after symptom onset

**Sampling**

Trak Order Set	Trak Order Items	Choose site if applicable
<b>CAP no secretions SV</b>	Legionella antigen test (urine)*	
	Swab for Respiratory Viruses	Throat swab
	Blood Culture Ix - ADULT ONLY	Peripheral
	HIV Ag/Ab Antibody screen	
<b>CAP secretions SV</b> (no need to send urine for Legionella)	C&S - Respiratory (Routine Bacteriology)	Sputum
	Secretions non-bal sep09	Sputum
	Blood Culture Ix - ADULT ONLY	Peripheral
	HIV Ag/Ab Antibody screen	
<b>CAP no secretions INT</b>	Legionella antigen test (urine)*	
	Swab for Respiratory Viruses	Throat swab
	Blood Culture Ix - ADULT ONLY	Peripheral
	HIV Ag/Ab Antibody screen	
<b>CAP BAL</b> (no need to send urine for Legionella)	C&S –Respiratory (BAL/Bronchial washings)**	BAL/bronchial washings/mini BAL
	Secretion BAL: resp cmv hsv	BAL/bronchial washings/mini BAL
	Blood Culture Ix - ADULT ONLY	Peripheral
	HIV Ag/Ab Antibody screen	
<b>CAP ETA</b> (no need to send urine for Legionella)	C&S - Respiratory (Routine Bacteriology)	Tracheal aspirate
	Secretions non-bal sep09	Tracheal aspirate
	Blood Culture Ix - ADULT ONLY	Peripheral
	HIV Ag/Ab Antibody screen	

\*If it is not possible to obtain deep respiratory samples for PCR **Legionella antigen test (urine)** must be specifically requested by phoning molecular lab triage on X26019 between 0900 and 1700

\*\***Bronchial washings** inform Biomedical Scientist X26021 (or bleep 2900 between 2000-0800). Send to lab with a porter (no tube system). Request urgent quantitative culture set up and assistance with triage for other tests.