

# KCH ED OBSERVATION UNIT: Pneumonia Clinical Guidelines

## CRITERIA:

### Inclusion

- History, exam, and CXR consistent with acute pneumonia
- Class II (>59y or hypoxemia) or Class III based on PORT Score. Calculate PORT score <http://www.mdcalc.com/>

### Exclusion

- Unstable or significantly abnormal vital signs (hypotension,  $< O_2 \text{ Sat} < 90\%$ ,  $RR > 30$ )
- High suspicion of TB
- Known HIV/AIDS or Immunosuppression (chemotherapy, chronic corticosteroid, asplenic patients, etc.)
- Complicating alternative diagnosis
- PORT Score Class IV or V (admit)
- Any factor that will preclude discharge within 48hours
- Any other need for inpatient admission

## INTERVENTIONS:

- Serial exams every 4-6 hours
- Serial vital signs every 4 hours
- IV or PO Antibiotics
- $O_2$  saturation monitoring
- Supplemental  $O_2$ , as indicated
- IV or oral hydration
- Analgesics and antipyretics as needed
- Bronchodilator treatments, as indicated
- Smoking cessation counseling, if indicated
- **Diet**

*Please refer to the KCH Antibiogram for organisms susceptibility details.*

## DISPOSITION:

### Home:

- Stable vital signs
- Improvement in clinical condition
- Tolerating oral intake
- Adequate follow up plan

### Admission:

- Unstable vital signs (hypotension, fever)
- Symptoms unimproved in 24 hours
- Deterioration in clinical status
- $O_2$  % SAT  $< 90$  on RA after 24 hours (unless baseline is this value)
- Another acute process becomes apparent
- Does not meet discharge criteria after observation period

*Please note additional orders, such as patient's home medications can be ordered for standing administration.*