ED OBSERVATION UNIT: PNEUMONIA PROTOCOL NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients.

INCLUSION CRITERIA	EXCLUSION CRITERIA
 History and Physical Exam consistent with Pneumonia Chest imaging (CXR, CT Chest, US reviewed by US trained attending) consistent with acute pneumonia PSI score of II or III or CURB-65 score of 2 	 High suspicion of TB Known HIV/AIDS or Immunosuppression (chemotherapy, chronic corticosteroid, asplenic patients, etc.) Complicating alternative diagnosis Risk factors for poor outcome (hypoxemia, gross hemoptysis, cavitary infiltrate, immunocompromised, cystic fibrosis, TB, neuromuscular weakness) COVID positive or high suspicion

INTERVENTIONS

- O2 monitoring and supplemental O2 as needed
- IV or PO Antibiotics
- Corticosteroids as indicated
- IV or PO hydration
- Smoking Cessation Counseling

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DISPOSITION

Home:

- Mental Status at baseline
- Ambulatory or at baseline ADLs
- Hypoxemia absent, Oxygen requirement at baseline
- Tachypnea absent
- Fever absent
- Adequate oral intake
- Able to obtain outpatient antibiotic therapy

Admission:

- Hypoxemia
- Severe or Persistent AMS or Dehydration
- Bacteremia
- PSI Score II or II, CURB-65 score of 2 that is not improving with observation treatment
- Failure to respond to antibiotic or adverse event due to medication
- Worsening of comorbid conditions (e.g CHF)
- Complicated pleural effusion

Sources

- 1. Mandell, Lionel A., et al. "Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults." Clinical Infectious Diseases, vol. 44, no. Supplement 2, 2007, doi:10.1086/511159.
- 2. "Pneumonia: Observation Care." MCG Health Inpatient & Surgical Care, 11 Feb. 2019.
- 3. "Pneumonia RRG." MCG Health Inpatient & Surgical Care, 11 Feb. 2019.