



Inclusion Criteria:

- ✓ Suspected community-acquired pneumonia (CAP) in patients ≥3 months of age

Exclusion Criteria:

- ✓ Age < 3 months
- ✓ Immunodeficiency or immunosuppressive medication
- ✓ Known or suspected aspiration
- ✓ Known lung disease (e.g., cystic fibrosis, chronic lung disease, structural anomalies) excluding asthma
- ✓ Preexisting tracheostomy or mechanical ventilation
- ✓ Symptomatic and/or unrepaired cyanotic congenital heart disease or cardiomyopathy

Common Pneumonia

Phenotypes:

Typical CAP

- ✓ Rapid onset, high fevers, focal findings

Atypical CAP

- ✓ More common in age > 5y; low-grade fever, cough, sore throat; insidious onset, mild/protracted course.

Influenza Pneumonia

- ✓ Rapid onset; chills or rigors, headache, malaise, diffuse myalgia, nonproductive cough

Viral Pneumonia (except influenza)

- ✓ Most common cause of CAP; gradual onset, preceding URI symptoms; diffuse findings.

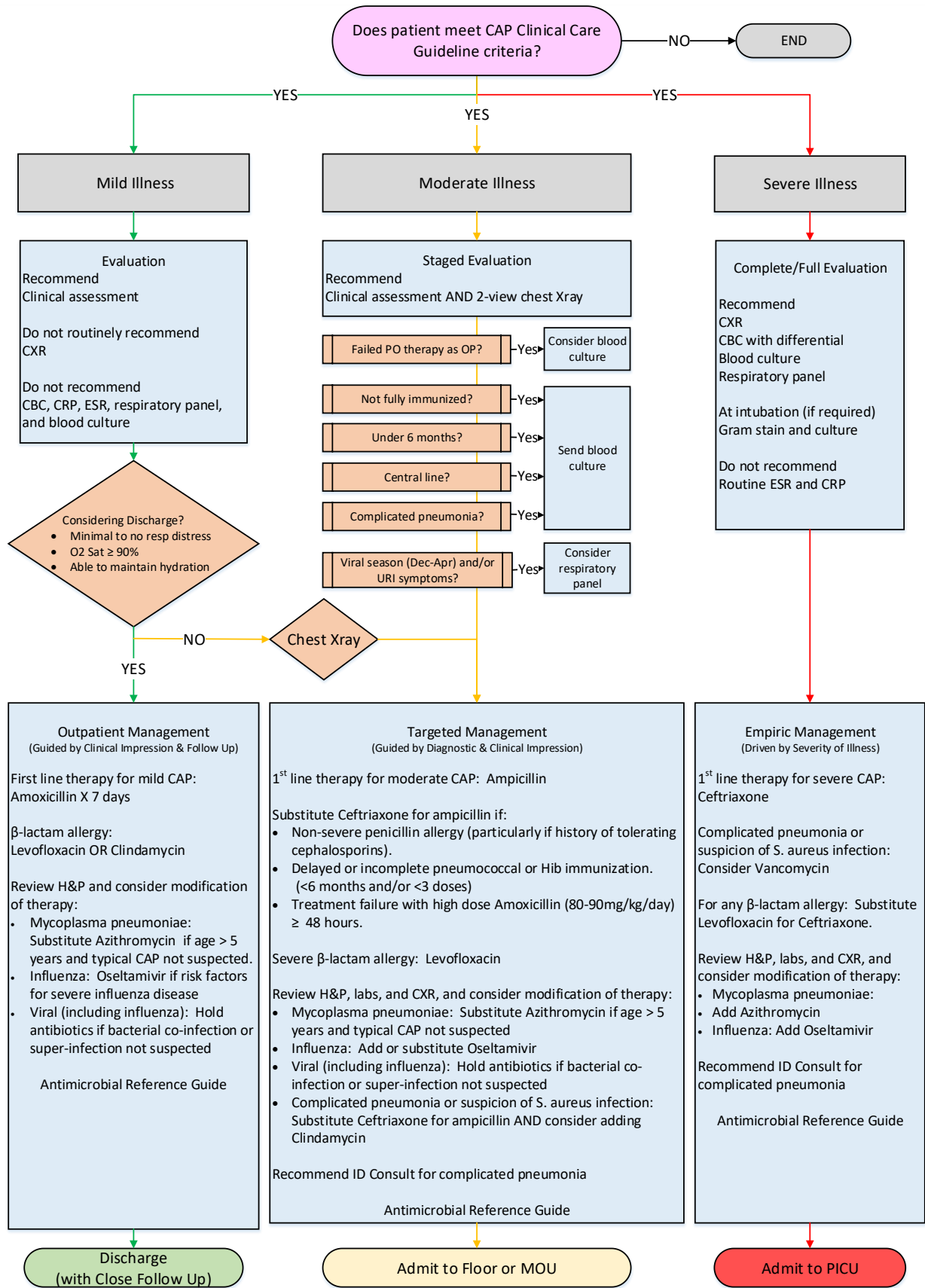
Complicated Pneumonia

- ✓ Moderate/large effusions, multilobar disease, abscesses or cavities, necrotizing pneumonia, empyema, pneumothorax, bronchopleural fistula, or disseminated bacterial infection.

Severe allergy definition:

- ✓ Urticaria
- ✓ Angioedema
- ✓ Anaphylaxis

Please see Antimicrobial Reference Guide in Weblinks





Evidence

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Ross, RK, et al. Impact of Infectious Diseases Society of America/Pediatric Infectious Diseases Society Guidelines on Treatment of Community-Acquired Pneumonia in Hospitalized Children. *Clinical Infectious Diseases*. 2013;58:834-838

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Thomson J, et al. Hospital outcomes associated with guideline-recommended antibiotic therapy for pediatric pneumonia. *Journal of Hospital Pediatrics*. 2105;10:13-18.

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