


Clinical Guideline

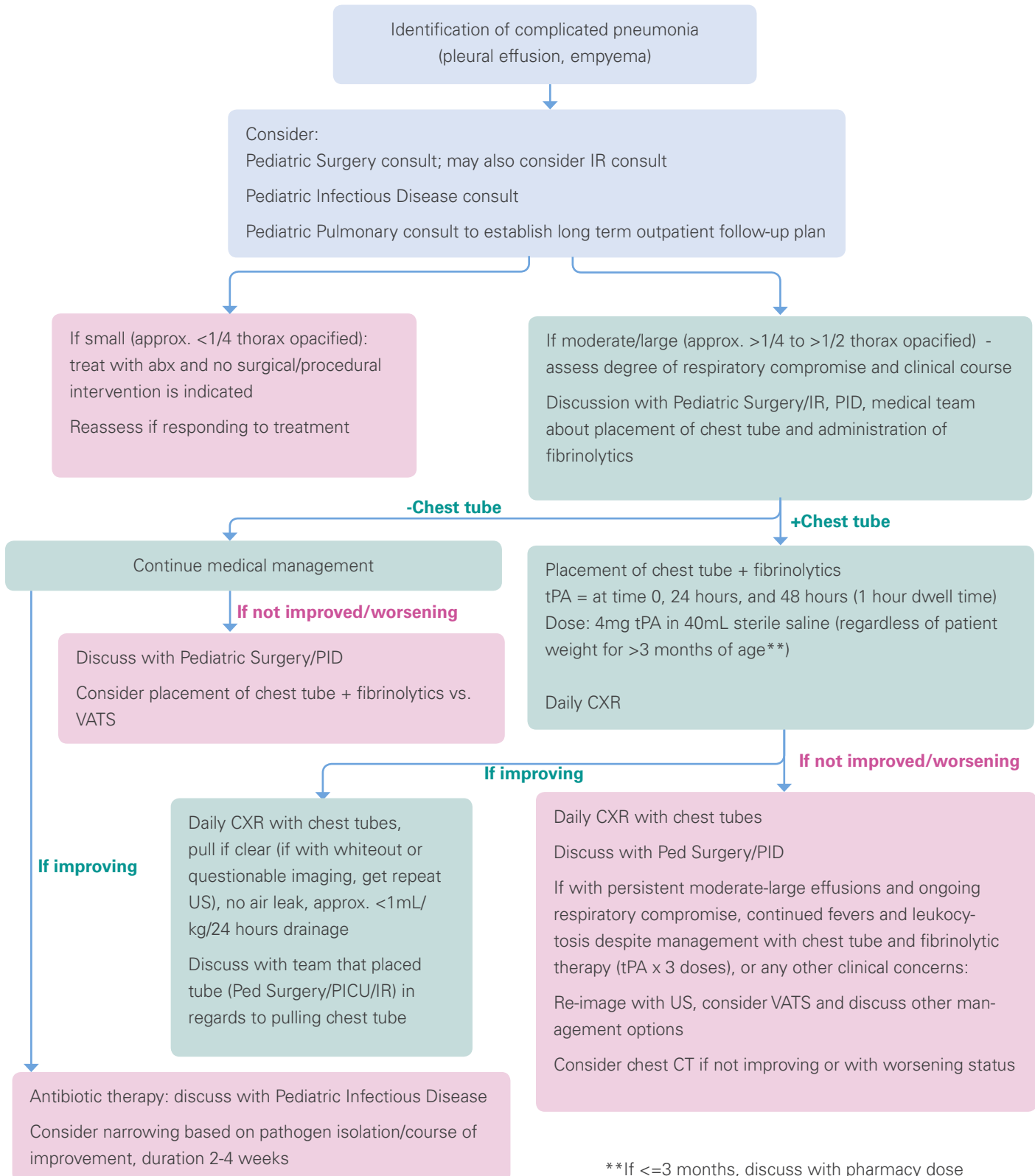
Complicated pneumonia

 This guideline should not replace clinical judgment.

Please refer to Community-Acquired Pneumonia guidelines for antibiotic regimen(s)

Antibiotics: Ceftriaxone + Vancomycin

Pediatric Emergency, Acute Care and Critical Care Medicine



**If ≤ 3 months, discuss with pharmacy dose

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Please refer to Community-Acquired Pneumonia guidelines for anti-biotic regimen(s)
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Contraindications to chest tube, fibrinolytics:

**Consider/Recommend Heme/Onc consult if platelets are <100K or with family history of bleeding to evaluate for other contraindications

- Thrombocytopenia (<50K)
- Active bleeding or concern for bleeding
- Previous history of hemorrhage
- Patient already on systemic anticoagulation

***If with concern for bronchopleural fistula, discuss with Pediatric Surgery if can place chest tube and administer fibrinolytics

PICU admission

- If meets any of the severe criteria in Table (see CAP guideline)
Oxygen saturation $\leq 90\%$ despite supplemental oxygen on 50% FiO₂; apnea, bradypnea, or hypercarbia
- Need for mechanical ventilation or non-invasive positive pressure ventilation; severe respiratory distress or concern for impending respiratory failure
- Systemic signs of inadequate perfusion, including fluid refractory shock, hypotension, sustained tachycardia, need for pharmacologic support of blood pressure or perfusion
- Toxic or septic appearing and/or altered mental status

Pleural fluid testing

- Gram stain, culture
- WBC, differential
- pH, glucose, protein, LDH, other fluid studies are NOT routinely recommended unless suspect other differential diagnoses

Complicated Pneumonia Guideline

Executive Summary

Children's Hospital of Richmond at VCU Pneumonia Workgroup

Pediatric Emergency Medicine Owner: Rashida Woods, MD

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Pediatric Infectious Disease: Jeffrey Donowitz, MD

Pediatric Surgery: Laura Boomer, MD

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Approved (December 2019)

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References

Bradley JS, Byington CL, Shah SS, Alverson B, Carter ER, Harrison C, et al. The Management of Community-Acquired Pneumonia in Infants and Children Older Than 3 Months of Age: Clinical Practice Guidelines by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America Pediatric Community Pneumonia Guidelines. *Clin Infect Dis* 2011;53(10):e25. *Clin Infect Dis* [Internet]. 2011 [cited 2019 Jul 18];53(7):25–76. Available from: <https://academic.oup.com/cid/article-abstract/53/7/e25/424286>

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Islam S, Calkins CM, Goldin AB, Chen C, Downard CD, Huang EY, et al. The diagnosis and management of empyema in children: A comprehensive review from the APSA outcomes and clinical trials committee. Vol. 47, *Journal of Pediatric Surgery*. 2012. p. 2101–10.

St. Peter SD, Tsao K, Harrison C, Jackson MA, Spilde TL, Keckler SJ, et al. Thoracoscopic decortication vs tube thoracostomy with fibrinolysis for empyema in children: a prospective, randomized trial. *J Pediatr Surg*. 2009;44(1):106–11.

Citation

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Retrieval website: <http://www.chrichmond.org/clinical-guideline-complicated-pneumonia>

Example:

Children's Hospital of Richmond at VCU, Woods R, Tseng A, Donowitz J, Boomer L, Marinello M. Complicated Pneumonia Guideline.

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