Chest Infection (Pneumonia) Pathway

Clinical Assessment/Management tool for Children

Healthier Together

NHS

Primary and Community Care Settings

Priorities of Clinical Assessment	History	Examination	Red Flags

Febrile Child under 5 years of age - assess and manage as per Fever in Children
 	
Consider differential diagnosis
 	
• Bronchiolitis
• Viral induced wheeze
• Acute exacerbation of asthma
• Croup
• Inhaled foreign body
• Pertussis
• Pneumothorax
• Metabolic acidosis e.g. DKA
• Heart failure
	• Fever
	• Cough, chest pain
	• Increased work of breathing
	• Assess oral intake
	• High risk groups
	  • < 3 months of age
	  • Immunosuppressed
	  • Prematurity
	  • Pre-existing respiratory/cardiac condition
		• Vital signs vital signs chart
		• Fever, HR, RR, SATS
		• Respiratory distress
		• Hydration
			• Unwell/septic appearance
			• Severe increased work of breathing
			• Cyanosis or saturations <92% on pulse oximetry
			• No improvement/deterioration despite 48 hours of oral antibiotics
			
			High risk groups:
			  • < 3 months of age
			  • Immunosuppressed
			  • Prematurity and currently on home oxygen
			  • Pre-existing respiratory/cardiac conditions

Assessment of severity Mild	Moderate	Severe
• No persistent/recurrent fever over preceding 24-48 hours • No respiratory distress/tachypnoea	• Persistent/recurrent fever over preceding 24-48 hours • Mild respiratory distress and/or tachypnoea	• Unwell/septic appearance • Significant tachypnoea • Significant tachycardia • Severe respiratory distress (in less than 12 months significant recession e.g. nasal flaring, grunting) • Apnoeas (less than 12 months) • Hypoxia (sustained O_2 sats 92% or less in room air) • Cyanosis • Signs of severe dehydration • Capillary Refill Time longer than 2 seconds • Concerns about empyema (no improvement or deterioration despite 48 hours of oral antibiotics)

Investigation	Management	Antibiotics	Send to hospital if:
• Routine CXR is not recommended • Consider lateral flow test for Covid	• Maintain hydration • Mild: no antibiotics required, provide verbal and written safety net advice • Moderate: presumed diagnosis of community acquired pneumonia (see differentials above), treat with oral antibiotics and provide verbal and written safety netting advice see vital signs chart	• 5 day course • Amoxicillin (dose as per BNFc) is first line • For penicillin allergic use a macrolide (ie clarithromycin/ azithromycin) • See UKPAS	• Unwell/septic appearance • Severe increased work of breathing • Cyanosis or saturations <92% on pulse oximetry • Poor air entry on auscultation • No improvement/deterioration despite 48 hours of oral antibiotics • High risk groups (see above)

This guidance has been reviewed and adapted by healthcare professionals across North East and North Cumbria with consent from the Hampshire development groups