



## Severity of pneumonia

In adults, severity is assessed by clinical judgement guided by mortality risk score (CURB-65 or CURB-65) when calculated:

- low severity – CURB-65 score 0 or CURB-65 score 0 or 1
- moderate severity – CURB-65 score 1 or 2 or CURB-65 score 2
- high severity – CURB-65 score 3 or 4 or CURB-65 score 3 to 5

In children and young people, severity is assessed by clinical judgement.



## Prescribing considerations

When choosing an antibiotic(s), take account of:

- the severity assessment (adults), or the severity of symptoms or signs (children and young people); see above
- the risk of complications, for example, a relevant comorbidity (such as severe lung disease or immunosuppression)
- local antimicrobial resistance and surveillance data (such as flu and *Mycoplasma pneumoniae* infection rates)
- recent antibiotic use
- previous microbiological results, including colonisation with multi-drug resistant bacteria

Give oral antibiotics first line if possible  
Review intravenous antibiotics by 48 hours and consider switching to oral antibiotics if possible

September 2019

Pneumonia (community-acquired)



- Offer an antibiotic(s) within 4 hours of establishing a diagnosis
- For children and young people in hospital with severe symptoms or a comorbidity, consider sending a sample (for example, a sputum sample) for microbiological testing

### Give advice about:

- possible adverse effects of the antibiotic(s)
- how long symptoms are likely to last
- seeking medical help if symptoms worsen rapidly or significantly, or do not start to improve within 3 days, or the person becomes systemically very unwell



If a respiratory sample has been sent for microbiological testing:

- review the choice of antibiotic(s) when results available, and
- consider changing the antibiotic(s) according to results, using a narrower spectrum antibiotic if appropriate

- Reassess if symptoms do not improve as expected, or worsen rapidly or significantly, taking account of possible non-bacterial causes such as flu
- If symptoms have not improved after antibiotics, send a sample (for example, a sputum sample) for microbiological testing, if not done already



Refer adults to hospital if:

- symptoms or signs suggest a more serious illness such as sepsis, or
- symptoms are not improving as expected with antibiotics

Consider referring adults or seeking specialist advice if they have bacteria resistant to oral antibiotics or they cannot take oral medicines

Consider referring children and young people to hospital or seek specialist paediatric advice on further investigation and management

# Community Acquired Pneumonia Nice Guidelines

**Jacob A. David**



## **Community Acquired Pneumonia Nice Guidelines:**

**Critical Care Manual of Clinical Nursing Procedures** Suzanne Bench, Nicki Credland, Chris Hill, 2024-10-30 Critical Care Manual of Clinical Nursing Procedures The second edition of Critical Care Manual of Clinical Nursing Procedures is a practical overview of essential procedures for the care of critically ill patients Beginning with chapters outlining the current scope of critical care the book adopts a systematic stage by stage approach from admission to discharge At each stage it provides insights into physiology key procedures and the relevant evidence base Now fully updated to incorporate the latest research and best practices this volume is poised to remain an indispensable resource for the next generation of critical care providers Readers of the second edition will find In depth beat by beat analysis of key procedures in critical care Interventions underpinned by the latest evidence Content aligned with the National Critical Care Competency Framework and endorsed by the British Association of Critical Care Nurses Critical Care Manual of Clinical Nursing Procedures is ideal for nurses working in a critical care unit nurses undertaking post qualification specialist courses in critical care or other healthcare professionals working as part of a critical care team *Oxford Textbook of Respiratory Critical Care* Suveer Singh, Paolo Pelosi, Andrew Conway Morris, 2023-11-15 Respiratory critical care is essential to modern critical care medicine To successfully support critically ill patients an understanding of specific lung conditions and syndromes their pathophysiological basis and evidence based management strategies is of vital importance The Oxford Textbook of Respiratory Critical Care provides an authoritative account of respiratory critical care medicine with a clear focus on how to manage respiratory disease in the critically ill The fundamentals of pathophysiology diagnosis and treatment for respiratory diseases and conditions are outlined with a specific focus on management in the critical care setting Across 66 chapters common and unusual respiratory conditions are included as well as those aspects of pulmonary disease in which the management in critical illness is unique The text equips the reader with up to date knowledge of clinical practice for the respiratory system lung diseases within critical care medicine and the impact of critical illness on lung biology Each chapter highlights advances in the field as well as emphasising the importance of getting the basics right Key messages controversies and directions to further research points allow both focused reading and deeper engagement A dedicated chapter to COVID 19 and sections throughout explore the impact of this novel virus in specific areas of respiratory critical care Edited and written by an international group of recognized experts from many disciplines this essential textbook is relevant to medics globally This is an indispensable guide for clinicians researchers and nurses working in Critical Care Anaesthesia Respiratory Medicine Acute Medicine and Emergency Medicine **CURRENT Practice Guidelines in Primary Care 2025-2026** Jacob A. David, 2025-01-17 The authoritative guidelines primary care clinicians need to diagnose and treat the most common outpatient conditions compiled distilled and updated for easy referencing Striking the perfect balance between brevity and clinical necessity this annual resource presents all the latest evidence based guidelines clinicians need to treat the most

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**Journal of the American Medical Association**, 1921

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**Cumulative Index to Nursing Literature** Cinahl Information Systems Staff, 1999

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differential diagnosis tables algorithms Tests used in internal medicine pediatrics surgery neurology and obstetrics and gynecology INCLUDES Costs and risks of diagnostic tests Evidence based information Diseases associated with abnormal test results including test sensitivities Full literature citations with PubMed PMID numbers included for each reference More than 24 NEW clinical laboratory test entries 6 NEW differential diagnosis tables 5 NEW diagnostic algorithms NEW sections on point of care testing provider performed microscopy pharmacogenetic testing and diagnostic echocardiography

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