



Chest Infection Pathway

Suspected community acquired pneumonia

- Difficulty breathing
- Cough
- Crackles on auscultation

Risk factors for severe infection

- Chronic lung disease
- Haemodynamically significant heart disease
- <3m
- Premature birth (<32wk)
- Neuromuscular disorders
- Immunodeficiency

Do the symptoms and/or signs suggest an immediately life threatening (high risk) illness?

YES

NO

	Green – Low Risk	Amber – Intermediate Risk	Red – High Risk
Activity	<ul style="list-style-type: none"> • Responds normally to social cues • Content/smiles • Stays awake/awakens quickly • Strong normal cry 	<ul style="list-style-type: none"> • Altered response to social cues • No smile • Reduced activity 	<ul style="list-style-type: none"> • Not responding normally or no response to social cues • Unable to rouse or if roused does not stay awake • Weak, high pitched or continuous cry • Appears ill
Skin	<ul style="list-style-type: none"> • Normal skin colour • CRT <2 secs • Normal skin turgor • Warm extremities • Normal eyes 	<ul style="list-style-type: none"> • Normal skin colour • Pallor reported by parent/carer • Cool peripheries 	<ul style="list-style-type: none"> • Pale, mottled, ashen • Cold extremities • CRT >3 secs
Respiratory	<ul style="list-style-type: none"> • No respiratory distress 	<ul style="list-style-type: none"> • Tachypnoea • Moderate recessions • May have nasal flaring • O₂ Sats: 92-94% 	<ul style="list-style-type: none"> • Significant respiratory distress • Grunting • Apnoeas • Severe recessions • Nasal flaring • All ages: >60bpm • O₂ Sats: ≤ 92%
Circulation	<ul style="list-style-type: none"> • Tolerating 75% of fluid • Occasional cough induced vomiting • Moist mucous membranes 	<ul style="list-style-type: none"> • 50-75% fluid intake over 3-4 feeds • Cough induced vomiting • Reduced urine output 	<ul style="list-style-type: none"> • 50% or less fluid intake over 2-3 feeds • Cough induced vomiting frequently • Significantly reduced urine output
Fever	<ul style="list-style-type: none"> • Systemically well, • T <38°C 	<ul style="list-style-type: none"> • Age 3-6m: T ≥ 39°C • Fever for ≥ 5d • Rigors 	<ul style="list-style-type: none"> • Age <3m: T ≥ 38°C
		• Parental anxiety	
	GREEN ACTION	AMER ACTION	

Immediate antibiotics*
Give 5-7d course

Discuss with paediatrician oncall;

- Systemically unwell
- Treatment failure
- Suspected complications

- Provide information
- Can be managed at home
- Optimise analgesia

Same day review

AND

RED ACTION

- Refer immediately to emergency care or paediatric unit – consider 999
- Commence stabilisation treatment
- Consider high flow oxygen

- If unwell at 48 hours seek advice from secondary care and consider
- Add clarithromycin
 - Complications?
 - Any risk factors for severe infection?
 - TB?

*Drug	Age/weight	Dose	
Amoxicillin	1-11m	125 mg TDS	
	1-4y	250 mg TDS	
	5-17y	500 mg TDS	
Alternative first choice for penicillin allergy			
Clarithromycin	1m-11y	<8kg: 7.5mg/kg BD	20-29kg: 187.5mg BD
		8-11kg: 62.5 mg BD	30-40kg: 250mg BD
	12-17y	250mg - 500mg BD	
Second Line Options (worsening symptoms on first line taken for 2-3d)			
Co-amoxiclav			