# Childhood pneumonia

#### **Background**

In the great
majority of
children who
cough with fever,
the diagnosis is an
upper respiratory
infection

Chest auscultation under 2 years is unreliable in diagnosing pneumonia

#### Referral to hospital

RR> 70 in infants and RR > 50 in older children

Significant respiratory distress +/- grunting

O2 saturations < 92%

Symptoms not getting better despite treatment (think empyema)

#### **History**

- nature/pattern of coughing
- most often non-productive
- · assoc. fever
- features of respiratory distress



# **Examination**

- RR norms for different ages
- use of accessory muscles of respiration
- grunting
- fever +/- toxicity
- local chest signs



# **Investigations**

- most in commuunity require no tests
- CXR if admitted
- repeat CXR 4-6 weeks later only if rounded /lobar pneumonia



## **Treatment**

PO amoxycillin in the pre-school child

PO clarithromycin in the older child with community-acquired pneumonia

#### TAKE HOME MESSAGES

Measuring the respiratory rate is very important in diagnosis

A diagnosis of pneumonia generates significant concern in parents

If signs of coryza or URTI symptoms, bacterial pneumonia is rare

Asthma is always in the differential diagnosis

Few require CXR

#### **Background**

Pneumonia is a clinical diagnosis and 90% < 12 months is viral

Wheeze and bacterial pneumonia almost never coexist – if the child is wheezy rethink the diagnosis

#### Evidence Base

 Systematic reviews show that a raised respiratory rate is the best predictor of childhood pneumonia

# **Empyema**

Consider if not improving

**Usually very sick** 

u/s chest +/- CT

Early chest drain +/- urokinase

## **References**

Archiv Dis Child 2004; **89**:29-34

Archiv Dis Child 2011 ; **96**: 708-714

> BTS 2002 guidelines

This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.

Amended following suggestions of QIP committee of ICGP . Secondary care treatment denoted in pink

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