



Key Points

- Non-specific presentation, but common clinical features include:



Acute fever



Cough



Short of breath



Vomiting

Physical exam: tachypnea | lung crackles | percussion dullness | ↑ tactile fremitus | ↓ vesicular & ↑ bronchial breath sounds

- Confirm diagnosis with **chest X-ray (CXR)**

Pathogens

- **Typical** bacterial → ***Streptococcus pneumoniae*** (most common)
 - 🫁 **Consolidation** on CXR supports diagnosis
- **Atypical** bacterial (*Mycoplasma pneumoniae*, *Chlamydia pneumoniae*)
 - 🫁 Bilateral **focal** or **interstitial infiltrates** on CXR supports diagnosis
- **Viral** (eg. RSV, influenza, hMPV) → most common etiology **<5 years of age**
 - 🫁 Patchy **infiltrates** or **atelectasis** on CXR supports diagnosis

Management

Empiric **amoxicillin 40-90 mg/kg/d PO** (up to 4 g/day) in **3 divided doses** × 7-10 days



if suspect/detect...

Atypical bacterial CAP **Viral CAP** (influenza season)

Azithromycin (up to 500 mg/day)

- ✓ Day 1: **10 mg/kg/d IV/PO**
- ✓ Days 2-5: **5 mg/kg/d IV/PO**

If symptoms <48 hrs or moderately/severely ill, consider: neuraminidase inhibitors
(**oseltamivir**, **zanamivir**)



Consider hospitalization & IV antibiotics if:
hypoxic | inadequate oral intake | intolerant of oral therapy | severe illness | or complex CAP