COMMUNITY-ACQUIRED PNEUMONIA (CAP)

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

March 2020
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