Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Pneumonia Treatment (3 months – 18 years)

Transfer to Higher Level of Care

Criteria
- Requires >2-3 L supplemental oxygen to prevent hypoxia or improve WOB.
- Witnessed apnea.
- Requires neb treatments more frequently than Q2-3h for >8 hours.
- Sustained tachycardia, tachypnea, or respiratory distress despite treatment.
- Significant pleural effusion.

Antibiotics per box.
Supportive care per **Respiratory Distress Guideline**.
Consider **high flow nasal cannula**.

Inpatient Treatment at YKHC

Criteria
- Requires supplemental oxygen to prevent hypoxia or improve WOB. If requiring >2 L NC, reevaluate whether patient is appropriate to stay at YKHC.
- Requires IV or NG fluids.
- Question of apnea.
- Not tolerating home therapy or unreliable follow-up.
- Does not meet criteria for transfer to higher level of care.

Antibiotics per box.
Supportive care per **Respiratory Distress Guideline**.

Outpatient Treatment

Criteria
- WOB is mild or absent.
- No hypoxia.
- Able to maintain hydration without IVF.
- Tolerating home therapy with reliable caregivers.
- No apnea.

Antibiotics per box.
Supportive care per **Respiratory Distress Guideline**.

If concern for parapneumonic effusion or empyema, perform ultrasound when able and see **ANMC guideline**.

After 48-72 hours

Patient is improving and now meets outpatient treatment criteria.

No

- Consult pediatrics.
- Consider repeating CXR and labs.
- Consider IVF.
- Consider broadening antibiotics.

Improving?

No

- Transfer to higher level of care.
- Supportive care per **Respiratory Distress Guideline**.
- Consider **high flow nasal cannula**.

Yes

Continue care until meets criteria for outpatient management.

Yes

Discharge with plan for total 7-10 days of antibiotics.

Antibiotics

Outpatient – total course of treatment 5 days
1st line: amoxicillin 45 mg/kg/dose PO BID
2nd line: Augmentin 45 mg/kg/dose PO BID
3rd line: cefdinir 7 mg/kg/dose PO BID

Inpatient – total course of treatment 7-10 days
1st line: ampicillin 50 mg/kg/dose IV Q6h
2nd line: Unasyn 50 mg/kg/dose IV Q6h
3rd line: ceftriaxone 50 mg/kg/dose IV Q24h

If not fully immunized, suspicion for *H influenzae*, or complicated pneumonia (pleural effusion, multilobar involvement, concern for bacteremia, etc.): Ceftriaxone until improving.

For H influenzae type A: At least one dose of ceftriaxone or four days of rifampin is necessary for decolonization. Remainder of course may be completed with a penicillin, if sensitive.

For PCN allergy: If reaction was non-anaphylactic, may trial amoxicillin with monitoring. If reaction was anaphylaxis, treat with a cephalosporin. If any questions, please obtain a pediatrics consult.

Azithromycin: Do not prescribe azithromycin unless there is evidence of an atypical pathogen and child is >5 years. Must be prescribed in addition to primary treatment above.

RUL infiltrate: Consider starting with Augmentin/Unasyn to cover for oral anaerobes. Consider thickener.

For Chronic Cough: See **Bronchiectasis/Chronic Cough guideline**.

Follow-up for All Patients

- Within 48-72 hours.
- Do not repeat CXR unless recurrent infiltrate in same lobe; in that case, repeat CXR in 4-6 weeks.

REMEMBER:

- If patient is <90 days and febrile, please see **fever guidelines**.
- Pneumonia is a clinical diagnosis and does not require X-ray findings.
- Place PPD if older than 6 months and no PPD in past 6 months.
- Any child <5 years with suspected pneumonia should be evaluated in Bethel or an SRC.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by Clinical Guideline Committee 3/11/24.
Click **here** to see the supplemental resources for this guideline.
If comments about this guideline, please contact Amy_Carson-Strnad@ykhc.org.