

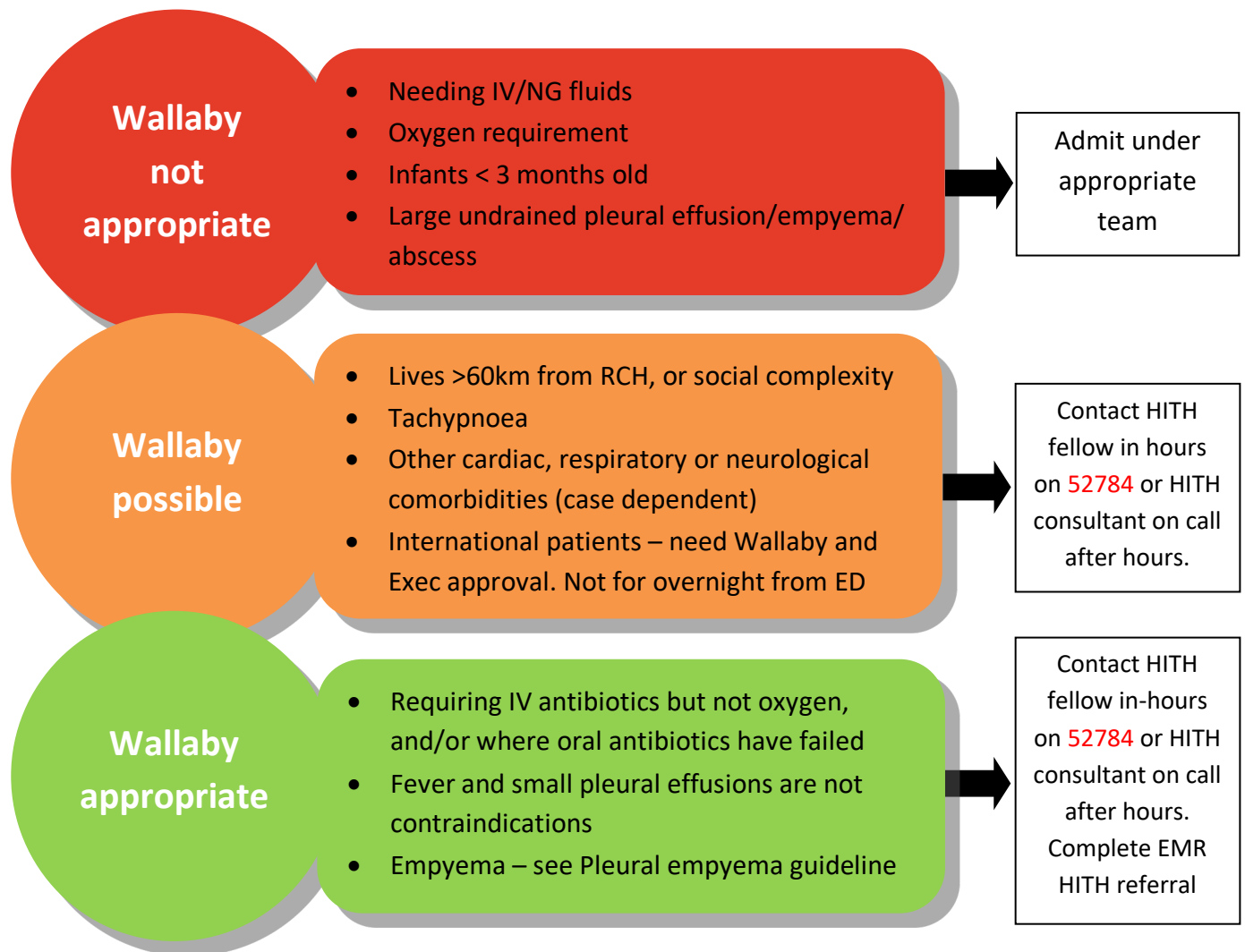


# Pneumonia



Clinically stable patients with pneumonia requiring IV antibiotics can be managed through HITH. As with all HITH admissions, this requires a safe home environment and consent from caregivers. See the Community acquired pneumonia CPG for determining need for IV versus oral. **Children can go straight from ED to HITH.**

## HITH (Wallaby) admission criteria and protocol



### Prior to family leaving hospital:

- IV cannula appropriately secured and patent
- First dose of ceftriaxone 50mg/kg (max 2g) given
- Admission accepted by HITH Fellow/Consultant (in person 9-5pm, phone consult after hours)
- HITH order set on EMR completed:
  - Preselected: Adrenaline 1:1000 (1mg/ml) 10mcg/kg IM PRN  
Sodium chloride flush 0.5-2ml IV PRN
  - Ceftriaxone 50mg/kg (max 2g) IV OD
  - EMR referral to HITH & 'Transfer order reconciliation' completed
  - HITH bed request



# HITH protocol – nursing and medical

## Daily care requirements

IV ceftriaxone 50mg/kg OD as per Paediatric Injectable Guideline

Respiratory & hydration assessment

Phone support available 24/7 for family to escalate their concerns – phone calls to come to HITH AUM in hours, ED AUM after hours and escalate to HITH consultant on call as required

## Medical team responsibilities

Daily review (phone/telehealth/home visit)

Script for oral amoxicillin (30mg/kg TDS for total antibiotic duration of 5 days) to be taken to first patient visit

## Red flags for escalation



Worsening respiratory distress, hypoxemia, marked tachycardia, altered mental state



Not responding to antibiotics by 48 hours; fever alone need not necessitate readmission

Inadequate oral intake

## Other potential issues

IV failure – medical team to review to determine if still requires parenteral antibiotics. If so, consider IM ceftriaxone or arrange IV re-site

Nausea and pallor with 5 min push – slow administration to 20 mins (do not label with drug allergy)

Anaphylaxis – administer IM adrenaline and call ambulance (will need allergy referral)

Fever not settling – for discussion with medical team: USS can be organised through HITH

## Readmission

If child requires transfer back to hospital, the HITH team will hand over care to the appropriate medical team and inform the bed manager.

If urgent review required, HITH will discharge and send patient to ED and inform ED

## Discharge plan

Discharge to complete course of oral antibiotics (total duration 5 days) once afebrile and clinically improving – usually after 24-48 hours of IV therapy

Outpatient follow-up is usually not required