

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

Wallaby not appropriate	 Needing IV/NG fluids Oxygen requirement Infants < 3 months old Large undrained pleural effusion/empyema/ abscess 	Admit under appropriate team
Wallaby possible	 Lives >60km from RCH, or social complexity Tachypnoea Other cardiac, respiratory or neurological comorbidities (case dependent) International patients – need Wallaby and Exec approval. Not for overnight from ED 	Contact HITH fellow in hours on 52784 or HITH consultant on call after hours.
Wallaby appropriate	 Requiring IV antibiotics but not oxygen, and/or where oral antibiotics have failed Fever and small pleural effusions are not contraindications Empyema – see Pleural empyema guideline 	Contact HITH fellow in-hours on 52784 or HITH consultant on call after hours. Complete EMR HITH referral

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
 - $\circ~$ 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

Last update Aug 2022