


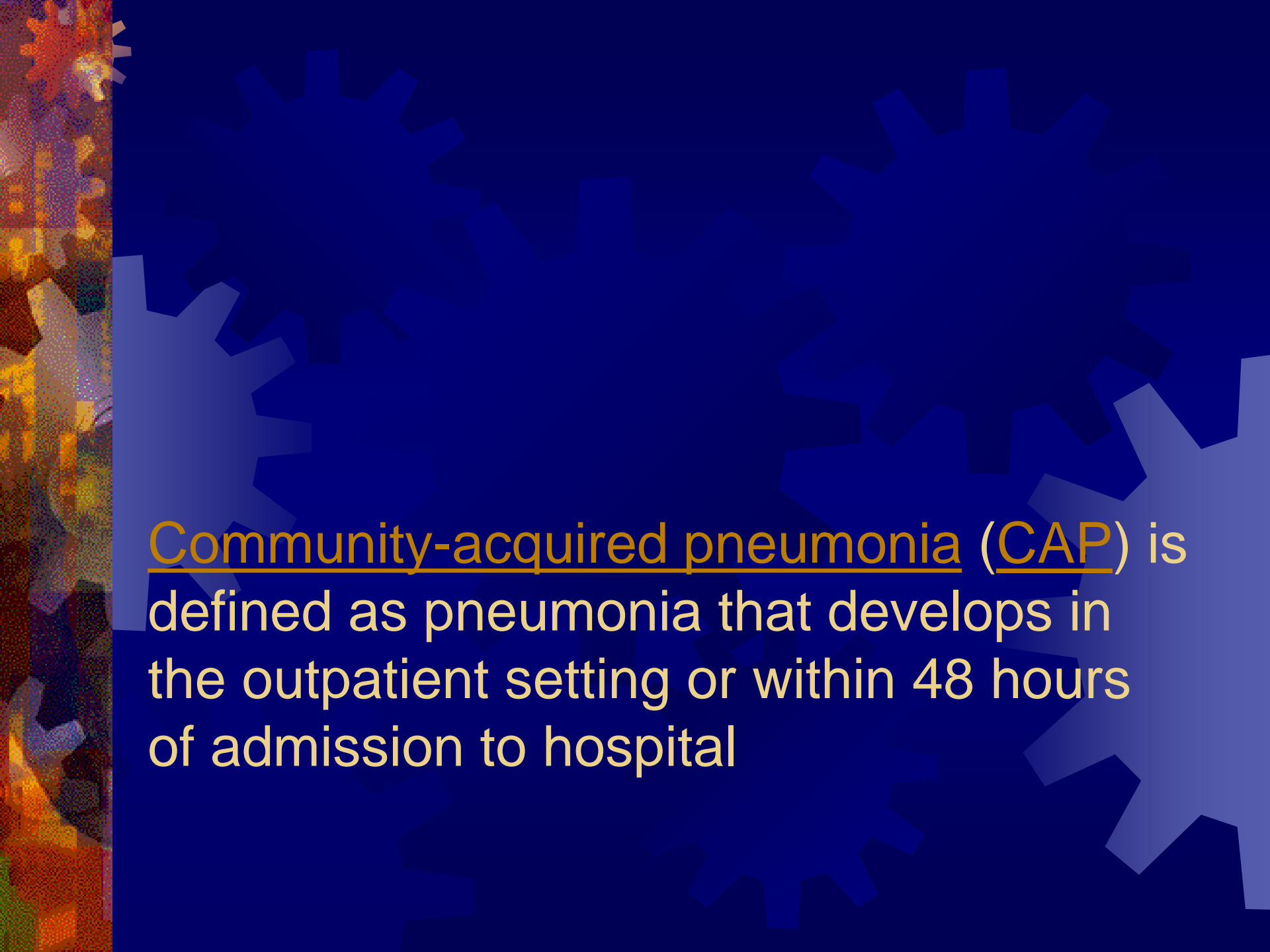


A 38-YEAR-OLD MAN WITH A SEVERE ACUTE COUGH



The patient feels unwell. He has high fever with fatigue and dyspnoea. The cough is productive with yellowish green sputum and pleuritic pain. Two weeks ago the patient had a common cold.

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- * abnormal breath sounds and crepitation in the lower lobe of the left lung
 - * pulse 100 beats/min



Community-acquired pneumonia (CAP) is defined as pneumonia that develops in the outpatient setting or within 48 hours of admission to hospital

Characteristic findings concerning community-acquired pneumonia

Typical

- ★ Sudden onset
- ★ Myalgia, headache not prominent
- ★ Rigors common
- ★ Cough productive, purulent
- ★ Pleuric pain common
- ★ Fever >39 C
- ★ Physical findings dullness
- ★ X-ray findings localised
- ★ Bacteria

Atypical

- ★ Gradual onset
- ★ Myalgia, headache prominent
- ★ Rigors rare
- ★ Cough non-productive
- ★ Pleuric pain rare
- ★ Fever <39 C
- ★ Physical findings minimal
- ★ X-ray findings diffuse
- ★ Chlamydia, viruses

CURB-65 Risk Stratification

CURB-65 is a scoring system developed from a multivariate analysis of 1068 patients that identified various factors that appeared to play a role in patient mortality. One point is given for the presence of each of the following:

- ✱ **C**onfusion – Altered mental status
- ✱ **U**remia – Blood urea nitrogen (BUN) level greater than 20 mg/dL
- ✱ **R**espiratory rate – 30 breaths or more per minute
- ✱ **B**lood pressure – Systolic pressure less than 90 mm Hg or diastolic pressure less than 60 mm Hg
- ✱ Age older than **65** years

Current guidelines suggest that patients may be treated in an outpatient setting or may require hospitalization according to their CURB-65 score, as follows:

- ✱ Score of 0-1 – Outpatient treatment
- ✱ Score of 2 – Admission to medical ward
- ✱ Score of 3 or higher – Admission to intensive care unit (ICU)

Pharmacotherapy at home recommendation for the initial treatment of community-acquired pneumonia

Outpatients without cardiopulmonary disease or modifying factors, typical pneumonia	Amoxicillin high dose Amoxicillin/clavulanic acid Alternative: cefuroxime
Outpatients with cardio pulmonary disease and modifying factors typical pneumonia	Cefuroxime 500-750 mg/8 h Cephtriaxone 1-2 g/ 24 hours
Atypical pneumonia	Macrolids Alternative: fluoroquinolons, doxycyclin