

Pneumonia

Community Acquired Pneumonia in Children

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Explanation of the aboriginal artwork:

The aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant woman. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.



Cultural safety enhances clinical safety.

To secure the best health outcomes, clinicians must provide a culturally safe health care experience for Aboriginal children, young people and their families. Aboriginal children are born into strong kinship structures where roles and responsibilities are integral and woven into the social fabric of Aboriginal societies.

Australian Aboriginal culture is the oldest living culture in the world, yet Aboriginal people currently experience the poorest health outcomes when compared to non-Aboriginal Australians.

It remains a national disgrace that Australia has one of the highest youth suicide rates in the world. The over representation of Aboriginal children and young people in out of home care and juvenile detention and justice system is intolerable.

The accumulated effects of forced removal of Aboriginal children, poverty, exposure to violence, historical and transgenerational trauma, the ongoing effects of past and present systemic racism, culturally unsafe and discriminatory health services are all major contributors to the disparities in Aboriginal health outcomes.

Clinicians can secure positive long term health and wellbeing outcomes by making well informed clinical decisions based on cultural considerations.

The term 'Aboriginal' is used to refer to people who identify as Aboriginal, Torres Strait Islanders, or both Aboriginal and Torres Strait Islander. This is done because the people indigenous to South Australia are Aboriginal and we respect that many Aboriginal people prefer the term 'Aboriginal'. We also acknowledge and respect that many Aboriginal South Australians prefer to be known by their specific language group(s).



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Purpose and Scope of PCPG

Community Acquired Pneumonia (CAP) is an acute infection of the pulmonary parenchyma acquired outside of a hospital setting and is one of the most common serious infections in children. *Streptococcus pneumoniae* is the most common cause of bacterial CAP in children under five years of age, whereas *Mycoplasma* is the leading cause of CAP in children greater than five years of age

The Management of CAP is primarily aimed at medical staff working in any of primary care, local, regional, general or tertiary hospitals. It may however assist the care provided by other clinicians such as nurses. The information is current at the time of publication and provides a minimum standard for the assessment (including investigations) and management of pneumonia; it does not replace or remove clinical judgement or the professional care and duty necessary for each specific case.

Definitions and Abbreviations

CRP	C-reactive protein
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) are resistant to methicillin (a derivative of penicillin) and other closely related antibiotics (oxacillin, flucloxacillin). They may also be resistant to a number of other antibiotics (sometimes referred to as multi-resistant strains).
PCR	Polymerase Chain Reaction

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Introduction

Information contained in the SA Health Pneumonia (Community Acquired Pneumonia in Children) is adapted from empirical antibiotic therapy of community-acquired pneumonia in children, published on 'eTG complete' by Therapeutic Guidelines (www.tg.org.au) on April 2019 (eTG March 2020 edition).

Procedure

This procedure is aimed for use with a child with simple community acquired pneumonia.

This procedure should not be used for patients with severe or complex illness, aspiration pneumonia, or hospital acquired pneumonia, or those with underlying cystic fibrosis, chronic lung pathology, or immunocompromised. These patients should be urgently discussed with the Paediatric Consultant on-call.

Community-acquired pneumonia in children

The following community-acquired pneumonia (CAP) in children guidelines, produced by *Therapeutic Guidelines Limited*, include clear instructions for therapy and assist medical officers in making decisions to ensure patients receive optimum treatment.

NB. South Australia has developed a specific guideline for neonatal sepsis presenting from the community and this should be preferentially used for this age group. See Paediatric Practice Guideline: *Neonatal Sepsis Presenting from the Community* available at: <https://extapps2.sahealth.sa.gov.au/PracticeGuidelines/>.

With respect to investigations of community acquired pneumonia in any age group in South Australia we recommend:

- Respiratory pathogen PCR screen (nasal/pharyngeal swab)
 - Sterile site PCR from blood
 - Blood culture
 - White cell count/differential/CRP.
- > CAP in neonates and children younger than 2 months¹
https://tgldcdp.tg.org.au/viewTopic?topicfile=community-acquired-pneumonia-children#toc_d1e47.
- > CAP in children 2 months or older: aetiology and management approach²
https://tgldcdp.tg.org.au/viewTopic?topicfile=community-acquired-pneumonia-children#toc_d1e328.
- > CAP in children 2 months or older: empirical therapy for low-severity CAP³
https://tgldcdp.tg.org.au/viewTopic?topicfile=community-acquired-pneumonia-children#toc_d1e468.
- > CAP in children 2 months or older: empirical therapy for moderate-severity CAP⁴
https://tgldcdp.tg.org.au/viewTopic?topicfile=community-acquired-pneumonia-children#toc_d1e593.
- > CAP in children 2 months or older: empirical therapy for high-severity CAP⁵
https://tgldcdp.tg.org.au/viewTopic?topicfile=community-acquired-pneumonia-children#toc_d1e966.

NB. In South Australia for empiric cover of MRSA we recommend intravenous vancomycin as first line.



References

1. eTG complete Melbourne: Therapeutic Guidelines Limited 2019. *Community-acquired pneumonia in neonates and children younger than 2 months*. [ONLINE] Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=community-acquired-pneumonia-children#toc_d1e47, Accessed 9 July 2019.
2. eTG complete Melbourne: Therapeutic Guidelines Limited 2019. *Community-acquired pneumonia in children 2 months or older: aetiology and management approach*. [ONLINE] Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=community-acquired-pneumonia-children#toc_d1e328, Accessed 9 July 2019.
3. eTG complete Melbourne: Therapeutic Guidelines Limited 2019. *Community-acquired pneumonia in children 2 months or older: empirical therapy for low-severity CAP*. [ONLINE] Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=community-acquired-pneumonia-children#toc_d1e468, Accessed 9 July 2019.
4. eTG complete Melbourne: Therapeutic Guidelines Limited 2019. *Community-acquired pneumonia in children 2 months or older: empirical therapy for moderate-severity CAP*. [ONLINE] Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=community-acquired-pneumonia-children#toc_d1e593, Accessed 9 July 2019.
5. eTG complete Melbourne: Therapeutic Guidelines Limited 2019. *Community-acquired pneumonia in children 2 months or older: empirical therapy for high-severity CAP*. [ONLINE] Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=community-acquired-pneumonia-children#toc_d1e966, Accessed 9 July 2019.
6. eTG complete Melbourne: Therapeutic Guidelines Limited 2019. *Key references: Community-acquired pneumonia in children guidelines*. [ONLINE] Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=community-acquired-pneumonia-children#MPS_d1e1727, Accessed 9 July 2019.



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SA Paediatric Clinical Practice Guidelines Reference Group

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