

## 4.5 Pneumonia

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### History & Examination

This is the most common serious infection seen in patients who present in A&E and may be fatal even in patients who are previously healthy. **The outcome is greatly improved with early treatment .**

Patients most often present with a few days history of cough and fever, although in the elderly, symptoms can range from collapse to confusion due to hypoxia. Children may present with abdominal pain. Aspiration pneumonia has a more sudden onset usually associated with a collapse.

Examination may show classic signs of consolidation and dehydration secondary to fever and tachypnoea, but again may be non specific. A chest X-Ray will help make the diagnoses, although differentiating broncho-pneumonia from pulmonary oedema is sometimes difficult.

**Investigations** : minimum necessary investigations are:

- FBC
- U&E
- ABG
- CXR
- Blood cultures

### Treatment

High flow O<sub>2</sub>

Sit patient up

Rehydrate

Start IV antibiotics:

Community acquired	Hospital acquired	Aspiration
Ben Penicillin plus Erythromycin or ampicillin	Cefotaxime +/- Erythromycin	Cefotaxime plus Metronidazole

The following signs are indicators of severe infection:

- Confusion
- RR>30
- Diastolic BP<60
- PaO<sub>2</sub><8kpa
- Urea >7mmol

**Consider ITU /HDU for anyone who cannot maintain pA O<sub>2</sub> >8.0Kpa.**

### **Pitfalls:**

- High mortality in the elderly and those with comorbid conditions particularly airways disease
- Legionella pneumonia: an atypical pneumonia presenting with wide ranging symptoms including D&V .Investigations may show low sodium , proteinurea and haematuria. Raised WCC with a lymphopenia. Erythromycin is the drug of choice but despite this there is a high mortality.
- TB and HIV infection may present as community acquired pneumonia
- Secondary bacterial infection on top of viral influenza is common.

## **B5.0 Gastroenterology**

**Adapted Jan 2002 A Mohammed**