

**Pathway Exclusion**

- Less than 3 months of age
- Possible aspiration pneumonia
- Admission within last 7 days
- History of trauma
- Congenital heart disease
- Sickle cell anemia
- Immunodeficiency
- Chronic lung disease (not including asthma), i.e, CF, vent/trach dependent

**Admission Criteria**  
(Any of the following)

- Unable to tolerate PO
- Supplemental oxygen requirement
- IVF requirement
- Concern for moderate to severe CAP
- Failed outpatient therapy

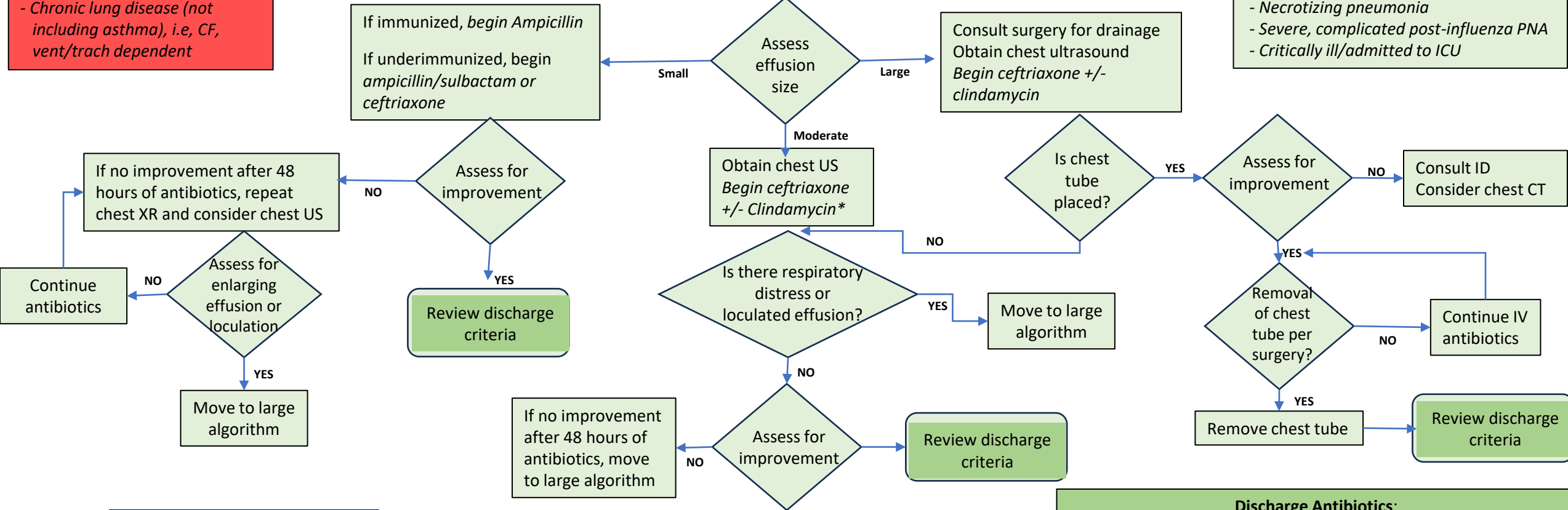
**Parapneumonic effusion identified on chest x-ray**

Obtain: CBC, CRP, Blood culture, lateral decubitus x-ray, consider MRSA screen  
If flu season, obtain rapid flu

**Effusion size:**  
**Small** – less than ¼ hemithorax  
**Moderate** – ¼ to ½ hemithorax  
**Large** – greater than ½ hemithorax

**\*Indication for MRSA coverage:**

- Septic shock
- Toxin-mediated release
- Necrotizing pneumonia
- Severe, complicated post-influenza PNA
- Critically ill/admitted to ICU



If not improving after 48 hours of antibiotics, consider:

1. Repeat or additional imaging
2. Consultation to ID
3. MRSA PCR or nasal culture

**Discharge Criteria**

- Stable on RA for at least 8 hours
- Downtrending fever curve
- Tolerating PO
- If chest tube placed, removed for >24 hours with no evidence of reaccumulation

**Discharge Antibiotics:**

- Antibiotics should be continued for 14-28 days total or 7 days from resolution of fever or drain removal
- Ampicillin >> **AMOXICILLIN**
- Ampicillin/Sulbactam or ceftriaxone >> **AMOX/CLAV or CEFPROZIL**
- Vancomycin/Clindamycin and ceftriaxone >> **CLINDAMYCIN and CEFPROZIL**

\*\*FOLLOW all culture data