

SOUTHWARK

**Community Acquired Pneumonia (CAP) and Exacerbation of COPD - COVID-19 pandemic**

1. **Assess likelihood of CAP (applicable to ADULTS only) – START ANTIBIOTIC:**  
Auscultation\* not essential if overall clinical judgement of CAP is already met \*\*, partly including<sup>1,2</sup>
  - temperature  $\geq 38^{\circ}\text{C}$ ,
  - respiratory rate  $> 20/\text{minute}^{***}$
  - heart rate  $> 100 \text{ BPM}$
  - new confusion

**Assess sputum production and breathlessness in COPD** – increased quantity/thickness or change in colour or clinical signs of pneumonia – **START ANTIBIOTIC**

**Adults with normal vital signs are low risk for CAP<sup>1</sup>:** consider home based care/self-care

2. **Sats  $\leq 92\%^7$  ( $\leq 88\%$  in COPD), HR  $> 130^7$  or RR  $\geq 25$  or Red Flags (overleaf):** *urgent hospital admission/ceiling of care*

**Exacerbation COPD and CAP suitable for community treatment:**

**ADULT<sup>6,7</sup>:**

**Doxycycline 200mg STAT on day 1, then 100mg once a day for 4 days (total course of 5 days)** (may exacerbate Myasthenia Gravis and SLE, use with caution in alcohol dependence)

**Alternate first line:**

**Amoxicillin 500 mg three times a day for 5 days** (not suitable for exacerbation of COPD; caution in AML. CML and if glandular fever suspected)

**Pregnancy/Breastfeeding: Amoxicillin 500 mg three times a day for 5 days**

**Pregnancy/Breastfeeding and Penicillin allergy: Erythromycin 250 mg – 500 mg four times a day for 7 days** (caution if known QT prolongation)

**CHILDREN<sup>6,7</sup>:**

**Amoxicillin 500mg tablets or 250mls/5ml (100mls per pack)** (caution in AML, CML and if glandular fever suspected)

1 to 11 months: **125 mg (2.5mls) three times a day for 5 days** -1 bottle

1 to 4 years: **250 mg (5mls) three times a day for 5 days** – 1 bottle

Children  $\geq 5$  years: **500 mg (10mls) three times a day for 5 days** – 2 bottles/tablets

**Penicillin allergy: Clarithromycin 25mg/1ml (70mls per pack)** NB: weight based, ask parents. (caution if known QT prolongation)

1 month to 11 years: Under 8 kg, **7.5 mg/kg twice a day for 5 days**

8 to 11 kg, **62.5 mg (2.5mls) twice a day for 5 days** – 1 bottle

12 to 19 kg, **125 mg (5mls) twice a day for 5 days** – 1 bottle

20 to 29 kg, **187.5 mg (7.5mls) twice a day for 5 days** – 2 bottles

30 to 40 kg, **250 mg (10mls) twice a day for 5 days** – 2 bottles

Children 12 - 17 years: **250mg-500 mg (10-20mls) twice a day for 5 days** – 2-4 bottles/tablets

**NB: consider Co-amoxiclav 625mg three times a day for 5 days only if exacerbation of COPD with risk factors for resistance:** severe COPD (MRC $>3$ ), co-morbidity, frequent exacerbations, antibiotics in the last 3 months.

<u>RED FLAGS FOR COVID-19<sup>4</sup></u>
• Severe shortness of breath at rest or difficulty breathing
• Coughing up blood
• Blue lips or face
• Feeling cold and clammy with pale or mottled skin
• Collapse or fainting (syncope)
• New confusion
• Becoming difficult to rouse
• Little or no urine output
• Pain or pressure in chest

**Differentiating viral COVID-19 pneumonia from bacterial pneumonia – assessing likelihood<sup>3</sup>**

<b>COVID-19 VIRAL pneumonia</b>	<b>BACTERIAL pneumonia</b>
<ul style="list-style-type: none"> <li>• typical COVID-19 symptoms for about a week</li> <li>• has severe muscle pain (myalgia)</li> <li>• has loss of sense of smell (anosmia)</li> <li>• is breathless but no pleuritic pain</li> <li>• exposure to known or suspected COVID-19, e.g. (household or workplace contact)</li> </ul>	<ul style="list-style-type: none"> <li>• rapidly unwell after only a few days of symptoms</li> <li>• does not have a history of typical COVID-19 symptoms</li> <li>• pleuritic pain</li> <li>• purulent sputum</li> </ul>

Offer an oral antibiotic for treatment of pneumonia (viral or bacterial) treated in the community if<sup>3</sup>:

- likely cause is bacterial *or*
- unclear if bacterial or viral and symptoms are more concerning *or*
- they are at high risk of complications (e.g. older or frail, pre-existing comorbidity such as immunosuppression or significant heart or lung disease (Bronchiectasis/COPD), or history of severe illness following previous lung infection.

**Oral corticosteroids:** Do not routinely offer oral corticosteroids for management of viral symptoms of Covid-19, unless clinically indicated (e.g. asthma or COPD exacerbation)<sup>3,9,10</sup>. Please check BNF for doses.

\*Assessing blood pressure significantly increases contact time, consider only if essential decision making to admit or not. \*\*Consider documenting that a 'limited examination' was performed

\*\*\***Red Flag:** Independent predictors of pleural effusion are dullness to percussion and asymmetric chest expansion

**SOUTHWARK****References:**

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3. COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community <https://www.nice.org.uk/guidance/ng165/chapter/3-Diagnosis-and-assessment> [last accessed 14/04/2020]
4. The BMJ Visual Summary, Covid-19: remote consultations: <https://www.nice.org.uk/guidance/ng163/resources/bmj-visual-summary-for-remote-consultations-pdf-8713904797> [last accessed 14/04/2020]
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6. BNF and BNFC
7. Southwark COVID pathways: <https://selondonccg.nhs.uk/wp-content/uploads/2020/10/20200930-Southwark-GP-Covid-Pathways-EGPS-and-CCMS-V19.1-1.pdf> [last accessed 2/12/2020]
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9. CKS COPD Covid-19 <https://cks.nice.org.uk/chronic-obstructive-pulmonary-disease#!scenario:3> [last accessed 15/04/2020]
10. CKS Asthma Covid-19 <https://cks.nice.org.uk/asthma#!scenarioRecommendation:3> [last accessed 15/04/2020]