

Practice Guidance for Judicious Use of Antibiotics

In the well-appearing patient, antibiotics are not the answer.

The Use of CURB-65 for Determining Site of Care in Adults

The most recent British Thoracic Society scoring system for determining risk of mortality has the acronym CURB-65. It gives one point for each of the following: confusion, urea (BUN > 7), respiratory rate > 30, low blood pressure (systolic < 90 or diastolic < 60), and age ≥ 65. Patients with a score of 0-1 have less than approximately 2% mortality and are likely safe to be treated as an outpatient. Patients with two or more points have greater than 9% mortality and should be admitted to the hospital for treatment. Patients with scores of 3 or more may benefit from intensive care treatment. Any scoring system is intended to be an aid to clinical judgment and should not override the clinical judgment of an experienced practitioner.

These guidelines were produced in collaboration with the Infectious Diseases Society of Oregon.

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CURB-65: RISK OF MORTALITY AND SITE OF CARE

| Total score | Mortality % | Suggested site of care |
|-------------|-------------|------------------------|
| 0 | 0.7 | Outpatient |
| 1 | 2.1 | Outpatient |
| 2 | 9.2 | Inpatient |
| 3 | 14.5 | Inpatient/ICU |
| 4 or 5 | 40 | ICU |

Assign one point for each factor that is present:

| | Clinical Factor |
|---|--|
| C | Confusion |
| U | Urea |
| R | Respiratory rate > 30 breaths per minute |
| B | Blood Pressure (systolic < 90 or diastolic < 60) |
| S | Age > 65 years |