Community-Acquired Pneumonia — Children

**Clinical Considerations**

Unlike for adults, decisions about site of care should be based on clinical assessment of severity of illness.

Factors favoring hospitalization:
- Presence of respiratory distress (tachypnea, retractions, grunting, nasal flaring, apnea, altered mental status)
- Pulse oximetry measurement < 90%
- Age < 6 months

CXR and blood culture:
- Should be obtained from children treated as inpatients.
- Not necessary for nontoxic-appearing children who are fully vaccinated against SP and HI treated as outpatients.

Consider testing for viral agents (influenza, RSV) based on clinical symptoms and season.

**Management of Outpatients**

Children < 5 years:
- Do not routinely require antibiotics, since the majority of cases of CAP in this age group are of viral etiology.
- Amoxicillin or amoxicillin-clavulanate (45 mg/kg/day bid) for presumed bacterial pneumonia.
- Use high dose amoxicillin or amoxicillin-clavulanate (90 mg/kg/day bid) if risk factor for penicillin-resistant pneumococcus present (local rates of pneumococcus PCN resistance ≥ 10%, age < 2 years, day care exposure, immunocompromise, recent hospitalization, or antibiotic use in past 3 months.)

Children > 5 years:
- For presumed atypical pneumonia add coverage with azithromycin (10 mg/kg on day 1, followed by 5 mg/kg once a day on days 2–5) or clarithromycin (15 mg/kg/day bid) or doxycycline for children > 8 years of age unless etiology known.

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

Oregon Alliance Working for Antibiotic Resistance Education
Oregon Health Authority/Public Health Division
Acute and Communicable Disease Prevention
800 NE Oregon, Ste. 772, Portland OR 97232
Phone: 971-673-1111 Fax: 971-673-1100
www.healthoregon.org/antibiotics
oregon.aware@state.or.us

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