RECURRENT PNEUMONIA REFERRAL GUIDELINE

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

HISTORY:
Close relative with cystic fibrosis or primary ciliary dyskinesia
Symptoms associated with feeding

SYMPTOMS AND EXAM:
ICU admission for pneumonia
2 or more hospitalizations for pneumonia
Failure to thrive
Digital clubbing
Chest deformity
Crackles for more than 8 weeks
Fixed monophonic wheezing

LABS/IMAGING:
Persistent change on chest x-ray

SUGGESTED PREVISIT WORKUP

RECOMMEND:
Consult pulmonary medicine

Urgent consults are to expedite assessment of underlying anatomic or medical conditions that could be compromise airway patency

The intention is to prevent a life threatening complication and initiate therapies to reduce morbidity

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

HISTORY:
History of bronchopulmonary dysplasia
Family history of genetic disorder involving the respiratory tract
Unexplained death of a family member from a respiratory infection

SYMPTOMS AND EXAM:
2 or more pneumonias diagnosed in a year
3 life time pneumonias
ICU care for a pneumonia
Short periods of wellness
Involvement of an additional organ system (skin abscess, FTT, etc.)
No response to asthma therapy

LABS/IMAGING:
Complex pneumonia on CXR
Unusual organisms on culture

SUGGESTED WORKUP

RECOMMEND:
Trial asthma therapy and/or escalate asthma therapy
Swallow study for children who gag and choke on food or drink
Environmental controls detailed in “green zone”
Pulmonary referral suggested
Consider GI referral if indicated by symptoms or studies

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

HISTORY:
No family history of genetic disorders involving the respiratory tract (primary ciliary dyskinesia or cystic fibrosis, etc.)

SYMPTOMS AND EXAM:
Long periods of wellness
Normal growth and physical exam
Quick response to therapy with complete recovery
No other organ systems involved

LABS/IMAGING:
Normal chest x-ray
No unusual pathogens isolated by culture

SUGGESTED MANAGEMENT

MONITOR FOR:
Symptoms of dysphagia
Symptoms of reflux
Response to asthma therapy

RECOMMEND:
Limiting tobacco smoke exposure
Limiting exposure to animals in the sleeping area and living environment
No sleeping with a bottle
Limiting exposure to large daycare settings

CLINICAL PEARLS

- A bacterial pneumonia is VERY unlikely if the patient does not have a fever.
- Absence of tachypnea can help rule out pneumonia in a child without neuromuscular weakness.
- A chest x-ray can’t distinguish the etiology of a pneumonia (viral vs bacterial) and does not improve outcomes or change treatment in children with community acquired pneumonia.
- Undiagnosed asthma is the most common diagnosis made in children referred for recurrent pneumonia.


These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.