

# Nursing Home Acquired Pneumonia Checklist

Resident Label

## Measure and record vital signs

Record all values, even if normal. Record additional information in chart.

Respiratory rate      Chest auscultation & exam   
 (measure for 60 sec)   
 Temperature      Level of consciousness   
 Blood pressure   
 Pulse      Hemodynamically stable (relative to baseline)  Yes  No  
 Oxygenation      Hydration <1L/day  Yes  No

Initials      Date      Time

THEN

## Assess for symptoms of NHAP (1)

Indications (check all that apply):

- Tachypnea (respiratory rate  $\geq 25$  bpm or increased over baseline) AND 1 or more of the following:
- New or increased cough
- New or increased sputum production
- Temp  $\geq 37.8^\circ$  C or increase of  $1.1^\circ$  C over baseline
- Pleuritic chest pain
- New or increased abnormal findings on chest examination
- New delirium or decreased level of consciousness
- Dyspnea
- Tachycardia
- New or worsening hypoxemia

NO

Consider other diagnosis (2)

YES

## Goals of Care Designation

- Further treatment is aligned with Goals of Care Designation

NO

Discuss options with resident or alternate decision maker

YES

## Chest X-Ray

Obtain if possible but do not delay treatment (3)

- Chest x-ray obtained

## Additional clinical information

- Drug allergies
- No drug allergies
- Underlying pulmonary disease  Yes  No

**IF NOT ALREADY DONE, FAX/COMMUNICATE ALL OF THE ABOVE INFORMATION TO THE PRESCRIBER. INDICATE URGENT ON FAX AND CALL.**

## Antimicrobial therapy

Antibiotic  Dose  Frequency  Duration

- Check here if antibiotic not ordered

Initials      Date      Time      Date and time therapy initiated

## Assess for transfer to acute care

- Goals of Care are consistent with transfer to acute care AND resident meets one or more of the following criteria (check all that apply)
- Hydration < 1L/day (4)
- O<sub>2</sub>Sat <92% with available supplemental oxygen
- O<sub>2</sub>Sat <90% with available supplemental oxygen & COPD
- Respiratory rate >40 bpm or significantly increased over baseline
- Systolic blood pressure <90 mmHg or decreased 20mmHg under baseline
- Hemodynamically unstable or deteriorating rapidly

YES

Transfer to acute care

NO

Reassess diagnosis and/or treatment if no improvement in 24-48 hours

Reassess for possible transfer to acute care

### (1) PRACTICE POINT

- Respiratory rate  $\geq 25$  bpm is highly specific and sensitive for NHAP
- Respiratory rate  $\geq 40$  bpm may be an indication for transfer to hospital
- If resident has problems swallowing, consider aspiration pneumonia

### (2) PRACTICE POINT

- If cough and fever are present, consider viral respiratory tract infection, especially influenza during November to April. Refer to Public Health Guidelines for case definitions.
- If chest pain and elevated temperature are absent, consider another diagnosis (for example CHF).

### (3) PRACTICE POINT

Transfer to acute care for chest x-ray alone is not required.

### (4) PRACTICE POINT

Consider clysis if oral intake is less than 1L/day

## Prescriber Information

Initiate antibiotic therapy within 4-8 hrs of symptom onset

### First line

Amoxicillin 1g PO tid x 7 days\*

### Alternative

Amoxicillin-Clavulanate 875mg PO bid x 7 days\*

or

Levofloxacin alone 750mg PO daily x 7 days

\*Consider adding one of the following if underlying pulmonary disease:

Doxycycline 200mg PO once, then 100mg PO bid x 7 days

or

Azithromycin 500mg PO daily x 3 days

or

Clarithromycin 500mg PO bid or XL 1g PO daily x 7 days

If unable to administer PO, consider transfer to acute care for IV therapy

If aspiration pneumonia is suspected, consult Bugs & Drugs or pharmacist for choice of antibiotic



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