

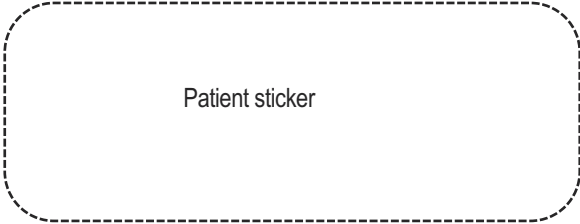


This care bundle describes 4 high impact actions to ensure the best clinical outcome for patients admitted with community acquired pneumonia. The aim is to ensure patient safety with timely prescribing and administration of oxygen followed by timely antibiotics administered after assessment of a CXR and risk score. Success will be measured using length of stay and mortality for patients admitted.

**Exclusion criteria:** Age under 16, immunocompromised, discharged from A&E

**Inclusion Criteria:** Symptoms and signs of LRTI with new infiltrates on chest x-ray, no hospital admission within last 10 days

Applies to patients admitted to hospital and not to patients seen and discharged from A&E



**1. PERFORM CHEST X-RAY WITHIN 4 HOURS OF ADMISSION**

*All patients admitted to hospital with suspected CAP should have a CXR performed as soon as possible to confirm or refute the diagnosis.*

*A community acquired pneumonia should be diagnosed in a patient with a compatible history and examination with new infiltrates on the chest x-ray. The objective of any service should be for the CXR to be performed in time for antibiotics to be administered within 4 hours of presentation to hospital.*

CXR done within 4 hours of admission:  CXR changes consistent with CAP:

Date of CXR : \_\_\_\_\_ Time CXR carried out: \_\_\_\_\_

**2. ASSESS OXYGEN & PRESCRIBE TARGET RANGE FOR OXYGEN**

*Early oxygen assessment is associated with improved prognosis. The provision of oxygen, when needed, follows after appropriate assessment. A target range for the oxygen saturation to be achieved (with supplemental oxygen if necessary) should be prescribed (Age > 16 years: 94 – 98%, Patients at risk of CO2 retention: 88 – 92%).*

Physiological observations made within 1 hour of admission:  Oxygen prescribed within 1 hour of admission:

**3. CALCULATE CURB 65 SCORE FOR ALL PATIENTS IN WHOM PNEUMONIA IS CONFIRMED ON THE CHEST X-RAY**

*The CURB65 score supports decision making about the venue of care (home/hospital), route of administration of antibiotics and mortality.*

*Consider discharge for patients with CURB65 0-1.*

CURB65 recorded:  CURB65 score: \_\_\_\_\_

**4. ADMINISTER APPROPRIATE ANTIBIOTICS WITHIN 4 HOURS OF ADMISSION**

*Antibiotics should be prescribed within 4 hours following review of the CXR and CURB65 score. IV antibiotics if CURB65 ≥ 3.*

*Antibiotic prescribing:*

Antibiotics prescribed within 4 hours  Antibiotics concordant with CURB65 score?

Date of administration of antibiotics: \_\_\_\_\_ If antibiotics not concordant give reason: \_\_\_\_\_

Time of administration of antibiotics: \_\_\_\_\_

**CURB65 Score:**

1 point for each of:

New Confusion

Urea > 7mmol/L

Resp Rate ≥ 30/min

BP < 90mmHg systolic or ≤ 60mmHg diastolic

Age ≥ 65 years

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COMPLETE WITHIN 4 HOURS OF ADMISSION WITH PNEUMONIA