For questions concerning this pathway, Click Here  
Last Updated August 9, 2014

**COMPLICATED BACTERIAL PNEUMONIA PATHWAY**  
**EVIDENCE BASED OUTCOME CENTER**

**Alert**  
Patient determined to have CLINICAL DETERIORATION should be managed off pathway based on Clinical Judgment.  
Increase in general fever pattern. Increase need for supplemental oxygen. Decline in cardiovascular status.

**Effusion Size**  
Small effusion: < ¼ hemi-thorax  
Moderate effusion: ¼ to ½ hemi-thorax  
Large effusion: > 1/2 hemi-thorax

**Effusion Characteristics**  
Simple effusion
Complex effusion (Loculated)

**Treatment Options:**  
- Chest tube
- Chest tube with fibrinolytics
- VATS

**Laboratory Assessment:**  
Blood Culture, CBC w/ differential, BMP, CRP, & ESR  
(See Addendum 1 for culture and fluid testing recommendations)

**IV Antibiotic Therapy**  
Ceftriaxone and Clindamycin  
(See Addendum 1 for recommendations if patient has an allergy to Ceftriaxone or Clindamycin.)

**Toxic Appearance**  
NO
YES  
Ceftriaxone and Vancomycin  
(See Addendum 1 for recommendations if patient has an allergy to Ceftriaxone or Vancomycin.)

**Early Surgical Consultation** preferred in patients requiring a chest tube / drain, as well as patients not responding rapidly to medical management

**Responding**  
Improvement in clinical signs including fever, respiratory rate, FiO2 within 48-72 hours.

**Develop plan of care for duration and mode of antibiotic therapy**

**Recommendations:**  
1. Ultrasound preferred over Chest CT to evaluate quality of pleural fluid. (i.e. loculations)  
2. Chest CT indicated for atypical clinical or radiological features. (i.e. parenchymal abscess)  
3. Consider ID consult for diagnostic testing, antibiotic selection, as well as length of treatment.  
4. Consider Pulmonology consult for those with necrotizing pneumonias which requires long-term follow-up.  
5. Outpatient follow-up with a chest radiograph one month post completion of the antibiotic course is recommended.