

Community Acquired Pneumonia and COVID-19 Advice

NICE has published COVID 19 guidance on Community Acquired Pneumonia (CAP) in adults in community which you can find here: <u>https://www.nice.org.uk/guidance/ng165</u>

Please familiarise yourself with the full guidance, but below are a few important points.

On diagnosing pneumonia and use of assessment tools:

- Both CRB65 and ROTH have not been validated in COVID 19. Furthermore, there are concerns that ROTH may underestimate illness severity (see <u>the CEBM's rapid review of the use of the Roth score in remote assessment</u>). For this reason, it is NOT recommended to guide decision making in COVID and CAP.
- 2. <u>NEWS2 tool</u> in the community for predicting the risk of clinical deterioration may be useful
- 3. Where physical examination and other ways of making an objective diagnosis are not possible, the clinical diagnosis of community-acquired pneumonia of any cause in an adult can be informed by other clinical signs or symptoms such as:
 - Temperature above 38°C; respiratory rate above 20 breaths per minute; heart rate above 100 beats per minute; new confusion (see the <u>CEBM's rapid diagnosis of community-acquired pneumonia for clinicians</u>).
- 4. Tools such as the <u>Medical Research Council's dyspnoea scale</u> or the <u>CEBM's review of ways</u> of assessing dyspnoea (breathlessness) by telephone or video can be useful for remote consultations

On antibiotic treatment:

- 1. When starting antibiotic treatment, the first-choice oral antibiotic is:
 - doxycycline 200 mg on the first day, then 100 mg once a day for 5 days in total (not in pregnancy)
 - Alternative: amoxicillin 500 mg 3 times a day for 5 days.
- 2. Do not routinely use dual antibiotics
- 3. For choice of antibiotics in penicillin allergy, pregnancy and more severe disease, or if atypical pathogens are likely, see the <u>recommendations on choice of antibiotic in the NICE</u> antimicrobial prescribing guideline on community-acquired pneumonia.
- 4. Where indicated, start antibiotic treatment as soon as possible, taking into account any different methods needed to deliver medicines to patients during the COVID-19 pandemic
- 5. Inappropriate antibiotic use may reduce availability if used indiscriminately, and broadspectrum antibiotics in particular may lead to *C diff* infection and AMR.
- 6. Only offer an antibiotic when the likely cause is bacterial, or it is unclear whether the cause is bacterial or viral, and symptoms are more concerning/patient is at high risk of complications (i.e. older or frail, comorbidities, immunosuppression, significant heart or lung disease, severe illness following previous lung infection)

