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BTS guidelines for the management of community acquired pneumonia in adults: update 2009

iii1 **Synopsis of recommendations**

iii6 **Section 1 Introduction**

- Scope of these guidelines
- 1.2 Introduction
- Definitions 1.3
- 1.4 What is the target end user audience?
- What patient populations are we 1.5 including and excluding?
- What changes have happened in the 1.6 area of CAP since the 2004 guidelines?
- Guidelines Committee membership 1.7
- How the evidence was assimilated into 1.8 the guidelines
- Grading of recommendations 1.9
- 1.10 Plans for updating these guidelines
- 1.11 Implementation of the guidelines
- **1.12** Auditing CAP management

iii10 Section 2 Incidence, mortality and economic consequences

- How common is adult CAP in the community and in hospital?
- What is the mortality of CAP?
- What are the economic consequences of CAP?
- What comments can be made about cost effectiveness of different therapies?

iii12 Section 3 Aetiology and epidemiology

- 3.1 Introduction
- What are the causes of adult CAP in the UK?
- What are the causes of adult CAP in similar populations elsewhere in the world?
- How does the aetiology differ in certain geographical areas
- Is the aetiology different in specific population groups?
- What are the epidemiological patterns of pathogens causing CAP and is this information useful to the clinician?

iii15 Section 4 Clinical features

- Can the aetiology of CAP be predicted from clinical features?
- Specific clinical features of particular 4.2 respiratory pathogens
- 4.3 CAP in elderly patients: are risk factors and clinical features different?
- Aspiration pneumonia 4.4

iii17 Section 5 Radiological, general and microbiological investigations

- When should a chest radiograph be performed in the community for patients presenting with suspected CAP?
- When should a chest radiograph be performed in hospital for patients presenting with suspected CAP?
- 5.3 Are there characteristic features that enable the clinician to predict the likely pathogen from the chest radiograph?
- What is the role of CT lung scans in CAP? 5.4
- How quickly do chest radiographs improve after CAP?
- When should the chest radiograph be repeated during recovery and what action should be taken if the radiograph has not returned to normal?
- 5.7 What general investigations should be done in a patient with suspected CAP in the community?
- 5.8 What general investigations should be done in patients admitted to hospital?
- 5.9 Why are microbiological investigations performed in patients with CAP?
- **5.10** What microbiological investigations should be performed in patients with suspected CAP in the community?
- **5.11** What microbiological investigations should be performed in patients admitted to hospital with CAP?

iii25 Section 6 Severity assessment

- Why is severity assessment important?
- What clinical factors and investigations are associated with a poor prognosis on univariate and multivariate analysis?

- 6.3 What predictive models for assessing severity on or shortly after hospital admission have been tested?
- **6.4** What severity assessment strategy is recommended for CAP?
- **6.5** Severity assessment of CAP in patients seen in the community
- **6.6** Severity assessment of CAP in patients seen in hospital
- **6.7** Reviewing severity status after initial assessment in hospital

iii28 Section 7 General management in the community and in hospital

- 7.1 What general management strategy should be offered to patients treated in the community?
- **7.2** What review policy should be adopted in patients managed in the community?
- **7.3** What general management strategy should be offered to patients in hospital?
- **7.4** What advice should be given regarding critical care management of CAP?
- 7.5 What arrangements should be made for follow-up after hospital discharge and by whom?

iii32 Section 8 Antibiotic management

- 8.1 Introduction
- **8.2** Antibiotic stewardship and the individual clinician's responsibility to prevent the overuse of antibiotics when managing CAP
- **8.3** Antibiotic resistance of respiratory pathogens
- **8.4** Newer antibiotics
- **8.5** Clinical studies of management and international differences in recommendations
- **8.6** Formulations of these recommendations
- **8.7** Empirical antibiotic choice for CAP treated in the community
- **8.8** Should general practitioners administer antibiotics prior to hospital transfer in those patients who need admission?
- **8.9** When should the first dose of antibiotics be given to patients admitted to hospital with CAP?
- **8.10** Empirical antibiotic choice for adults hospitalised with low severity CAP
- **8.11** Empirical antibiotic choice for adults hospitalised with moderate severity CAP
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- **8.14** When should the intravenous route be changed to oral?
- **8.15** Which oral antibiotics are recommended on completion of intravenous therapy?
- **8.16** How long should antibiotics be given for?
- 8.17 Failure of initial empirical therapy
- **8.18** Antibiotic stewardship and avoiding inappropriate antibiotic prescribing for CAP
- **8.19** What are the optimum antibiotic choices when specific pathogens have been identified?
- **8.20** Specific issues regarding the management of Legionnaires' disease
- **8.21** Specific issues regarding Panton-Valentine Leukocidin-producing Staphylococcus aureus

iii43 Section 9 Complications and failure to improve

- **9.1** What factors and action should be considered in patients who fail to improve in hospital?
- **9.2** What are the common complications of CAP?

iii44 Section 10 Prevention and vaccination

- 10.1 Influenza and pneumococcal vaccination
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