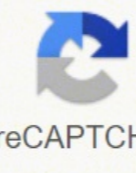


I'm not robot  reCAPTCHA

Open

FLU SEASON
VISITOR POLICY
 At Baystate Health, we take health risks seriously and feel strongly about protecting our patients and staff.
 Our visitation policy during this flu season is designed to reduce patient and employee exposure to flu.

- Only two visitors at a time per patient. Please do not visit if you are not feeling well.
- No visitors under the age of 12.
- Visitors should be limited to those essential to the patient's comfort and wellbeing.

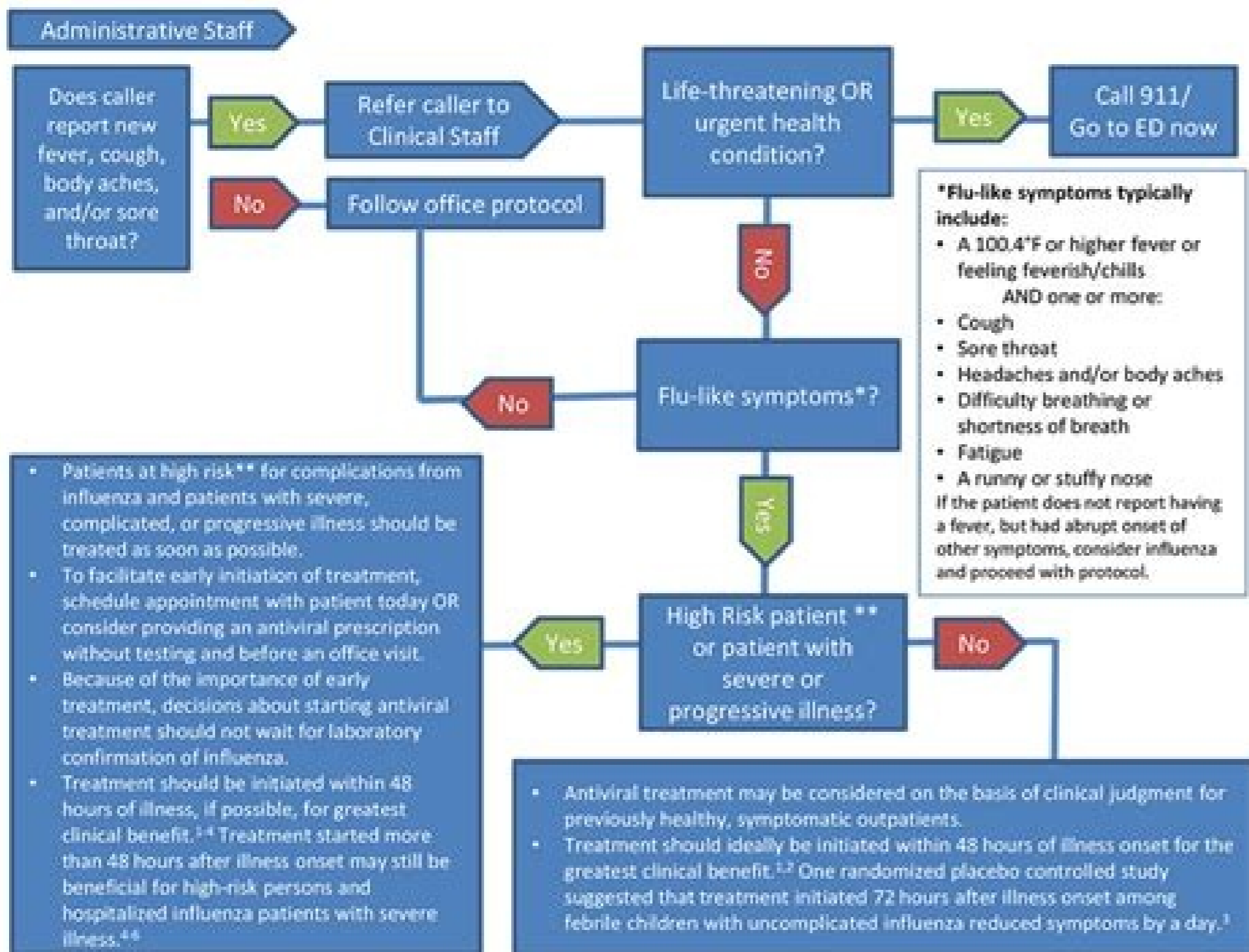
If you have concerns, please speak with your nurse or physician.

TEMPORADA DE INFLUENZA (Grippe/Influenza)
POLÍTICA DE VISITAS
 En Baystate Health, tomamos muy en serio los riesgos de salud y queremos hacer todo lo posible para proteger a nuestros pacientes y al personal.

Nuestra política de visitas durante esta temporada de influenza está diseñada para disminuir la posibilidad de que los pacientes y los empleados queden expuestos a la influenza.

- Solo se aceptan dos visitantes a la vez por cada paciente. Por favor no visite si no se siente bien.
- No se permiten visitas de niños menores de 12 años.
- Solo las personas más indispensables para el apoyo y el bienestar del paciente deberían visitar.

Si tiene alguna duda, hable con su enfermero o médico.
 Baystate Health



FORTMED MEDICAL CLINICS
PNEUMONIA
 • Effective at 100% when used as directed with food or on an empty stomach.
 • Absorbed by the body in 15 minutes, acting fast and long.

SYMPTOMS

PREVENTION

Types of Vaccine

- Pneumococcal Conjugate Vaccine (PCV)
- Pneumococcal Polysaccharide Vaccine (PPV)
- Pneumococcal Polysaccharide Vaccine (PPV)
- Pneumococcal Polysaccharide Vaccine (PPV)

Registered Vaccine Provider
 • Consultant - Primary Care Physician
 • Pneumonia Vaccine (Pneumovax®)

And our prices start at \$1,200.00 until May 15, 2018 only.
 Pneumonia Vaccine (Pneumovax®) - www.fortmed.com

TABLE. Recommended 7-valent pneumococcal conjugate vaccination (PCV7) regimens during the vaccine shortage, by age, history, and condition

Age at examination (mos)	Vaccination history	Recommended regimen ^a
2-6	0 doses	3 doses, 2 mos apart
	1 dose	2 doses, 2 mos apart
	2 doses	1 dose, 2 mos after the most recent dose
7-11	0 doses	2 doses, 2 mos apart; third dose at age 12-15 mos
	1 dose before age 7 mos	1 dose at age 7-11 mos, with another dose at age 12-15 mos (≥2 mos later)
	2 doses before age 7 mos	1 dose at age 7-11 mos
12-23	0 doses	2 doses, ≥2 mos apart
	1 dose before age 12 mos	2 doses, ≥2 mos apart
	1 dose at age ≥12 mos	1 dose, ≥2 mos after the most recent dose
24-59	2 doses at age <12 mos	1 dose, ≥2 mos after the most recent dose
	Healthy children	Not routinely recommended ^b
	Children at high risk ^c	Any incomplete schedule of <3 doses: 1 dose, ≥2 mos after the most recent dose and another dose ≥2 mos later Any incomplete schedule of 3 doses: 1 dose, ≥2 mos after the most recent dose

^aFor children vaccinated at age <12 months, the minimum interval between doses is 4 weeks. Doses administered at age ≥12 months should be ≥8 weeks apart.

^bWhen the shortage is resolved completely, health-care providers should consider administering a single dose to unvaccinated, healthy children aged 24-59 months (with priority given to children aged 24-35 months), black children, American Indian children not otherwise identified as high risk^c, and children who attend day care centers.

^cChildren with sickle cell disease, asplenia, chronic heart or lung disease, diabetes, cerebrospinal fluid leak, cochlear implant, human immunodeficiency virus infection or another immunocompromising condition, and Alaska Native or American Indian children in areas with demonstrated risk for invasive pneumococcal disease more than twice the national average (i.e., Alaska, Arizona, New Mexico, and Navajo populations in Colorado and Utah).

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COMMUNITY ACQUIRED PNEUMONIA

Up to **33%** ED misdiagnosis rate

EMERGENCY MEDICINE CRISES

CLINICAL EXAM

Useful exam features:

- RR > 20 +LR 1.6
- Fever +LR 3.2
- HR > 100 +LR 2.8
- Normal vitals +LR 0.18
- Normal exam +LR 0.10

MOST CAP IS CAUSED BY S. PNEUMONIAE & H. INFLUENZA

CHEST X-RAY

CXR not required for pneumonia if:

- Non-elderly
- Normal vitals
- Normal exam

<1% pretest probability for pneumonia

POCUS In the hands of skilled operators

- 94% Sn
- 96% Sp

BLOODWORK

Limited diagnostic utility:

- WBC <4 or >20 may be prognostic
- CRP >200 +LR 1.5, >75 -LR 0.2, Usually 75-200 (no value)

Do not apply to those well enough not to require blood work

PROGNOSIS

PSI Choice risk stratification tool

- More Sn than CURB65 for ICU admission
- Equal Sn to CURB65 for mortality
- Less Sp than CURB65

Lactate Superior to CURB65 in predicting 30d mortality, overall & ICU admission

Glucose <3.8 independent prognostic factor for 30d mortality

PSI >10 + SpO2 <92% Outpatient

PSI >10 ICU admission

CLINICAL PEARLS

Consider alternative causes of consolidation on CXR, particularly pulmonary embolism which can also present with fever and dyspnea

Commonly missed CXR findings suggestive of pneumonia:

- Silhouette Sign (at cardiac borders and hemidiaphragm)
- Pleurocentric infiltrate
- Small pleural effusion

6-7 days of antibiotics is sufficient for uncomplicated CAP (consider longer duration for immunocompromised or structurally abnormal lungs)

CT CHEST

Not necessary indicated in ED but consider if:

- Unexplained clinical course
- Atypical CXR
- Recurrent infections
- Profound immunocompromise (including neutropenia)

ANTIBIOTICS

Consult your local antibiogram

If stable + no MRSA or Pseudomonas RF: **Amoxicillin 1g PO BID x 5-7d or 1g per oral hygiene Amoxiclav PO**

If allergic (erythematous skin) PO BID x 5-7d

If Unstable:

- ICU admission
- Current hospital PO (if no Pseudomonas RF)

If Pseudomonas RF:

- Septic shock
- Abnormal lung structure (COPD, bronchiectasis)
- Immunocompromised
- Hospital home + poor functional status
- Admission in last 90 days
- Broad ABX > 7d in last 1m

If MRSA RF:

- ICU admission
- Healthcare facility exposure
- Empyema
- Significant MRSA history

↓

Ceftriaxone IV **PipTazo or Meropenem IV** **Add Vancomycin or Linezolid**

HYPOXIA (SEVERE CAP)

HIGH FLOW NASAL CANNULA

- Superior to NIV & BIPAP at 30d mortality & subjective dyspnea at 1h
- Non-inferior in need for intubation

NIPPV as bridge to ETT

STERIODS (SEVERE CAP)

Potential decrease in APDS and need for intubation

SHOCK

Central RL IV bolus Early NOREP MAP > 65 Signs of Perfusion

How to administer pneumonia vaccine. How to write order for pneumonia vaccine.

Pneumonia is a lung infection with symptoms such as cough, fever, and shortness of breath. Efficacy starts to decrease after five to seven years, and the antibody response reaches pre-vaccination levels around 10 years. One vaccine against pneumonia (Pneumovax 23) lasts for five to 10 years. Pneumonia can affect one or both lungs. Pneumonia vaccine is the term used for a vaccine that protects against pneumococcal disease, caused by infection with the bacterium *Streptococcus pneumoniae*, which is among the most common causes of pneumonia. The pneumonia vaccine does not prevent all types of lung infections or all types of pneumonia. Content on CKS is produced by Clarity Informatics Limited. It can cause serious illness in young children, people over 65 years of age, and people with other health problems. pneumoniae Chest X-ray Pulse oxymetry to measure blood oxygen levels Arterial blood gas test, to measure the amount of oxygen in a blood sample of an artery Computed tomography (CT) scan of pleural fluid, in which a small amount of Pneumonia treatment depends on the type of pneumonia, the severity, the patient's age, and whether there are other health conditions. Medications used to treat pneumonia include: Antibiotics, if the cause is bacterial, antivirals, if the cause is viral In many cases, symptom control and rest are enough. It is available to users outside the UK through a subscription from the Prodigy website. There are two vaccines that protect against pneumococcal disease: PCV13 (*Pneumococcal conjugate vaccine*, Prevnar 13) protects against 13 of the ed ed sevarg sAm sopit sol rasuae nedep euq sacicAcoment sairecab ed sopit 09 Disease, including pneumonia, meningitis, and bacteremia. Centers for Disease Control (CDC) recommend PCV13 for all children under 2 years of age, 2 years of age or older with certain medical conditions, some adults 65 years of age or older, according to are advised by your doctor PPSV23 (*Pneumococcal polysaccharide vaccine*, pneumovax 23), protects against 23 types of pneumococcal bacteria, helps prevent invasive infections such as meningitis and bacteremia The CDC recommends PPSV23 for all adults 65 years of age or older. 2 to 64 years with certain medical conditions 19 to 64 years of age However, the PCV13 vaccine is not unknown, the vaccine with the PCV13 vaccine is not recommended vaccination with the PCV13 vaccine for any age or risk group. Home care for pneumonia may include: a lot of rest. Drinking lots of hot drinks can help open the airways fever or showers, or use a humidifier to help open the airways. Do not smoke and avoid secondhand smoke Talk to your doctor before taking cough medicines, as coughing helps the body work to get rid of infection by severe cases, patients may need to be hospitalized, and treatment may include: intravenous (iv) intravenous antibiotic fluids intravenous oxygen therapy Other respiratory treatments Complications of pneumonia are more likely to occur in very young children, older adults, people with compromised immune systems, and people who have other chronic medical problems, such as diabetes or cirrhosis of the liver. Tests used to confirm pneumonia include: Polymerase Chain Reaction Polymerase (PCR) tests COVID-19 Flu sputum test on a mucus sample (sputum) Taken after an antigen test. aAnomuen. aAnomuen ed sopit sod yaH. sonetcAtnoc, torre ne anigAp atse odneiv jAise euq eerc is ,raripser arap dalucifid y erbeif ,sot asuac euq senomilup sol ed nAiccefiu anu se aAnomuen .S arap adnuford sot ed used to protect against pneumonia, although not all types. Complications of pneumonia may include: The NICE Clinical Knowledge Summaries (CKS) site is only available to users in the UK, Crown Dependencies and British Overseas Territories. The PPSV23 vaccine lasts between five to 10 years. Revaccination with the PPSV23 vaccine is recommended: A in patients with impaired splenic function, cerebrospinal fluid (CSF) leaks, and cochlear implants, or other head, neck, or spinal defects that may result in communication with the subarachnoid space: revaccinate every five to sevenA AyearsA A In patients who have immunocompromising conditions: revaccinate every fiveA Ato 10 years For all other at-risk individuals: revaccinate every 10 years Symptoms of pneumonia include: Cough: cough may produce phlegm or mucus that may be greenish, yellow, or bloody Sharp pain on inhalation or when coughing Difficulty breathing Shortness of breath Rapid, shallow breathing FeverA A Chills and shakingA A Fast heartbeat Sweating Loss of appetite Lack of energy Nausea and vomiting, especially in small children Confusion, especially in older people Common causes of pneumonia include bacteria, viruses, and fungi.A A Typical bacteria that cause pneumonia include: *Streptococcus pneumoniae* (most It is the bacterium that pneumonia vaccines protect against group A streptococci *Staphylococcus aureus* *Haemophilus influenzae* *Moraxella catarrhalis* Aerobic gram-negative bacteria (e.g., *Enterobacteriaceae* such as *Klebsiella* spp or *Escherichia coli*) Microaerophilic bacteria and anaerobic (associated with aspiration) Atypical bacteria that cause pneumonia include: *Chlamydia pneumoniae* *Chlamydia psittaci* *Coxiella burnetii* *Legionella* spp *Mycoplasma pneumoniae* Respiratory viruses that cause pneumonia include: Adenovirus Coronavirus (e.g., Middle East Respiratory Syndrome) coronavirus, COVID-19) human bocavirus human metapneumovirus Influenza A and B Virus Parainfluenza Respiratory syncytial virus Rhinovirus 25 ways to stay well abroad in images View presentation Pneumonia is diagnosed with a clinical history and a physical exam, in which a doctor will check the lungs with a stethoscope to hear the creaks, noises, bubbles, and sounds when a patient inhales.

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