

Management of Frail Older Adults with Symptoms or Signs of Mild-Moderate LOWER RESPIRATORY TRACT INFECTION



REPORT

Report Symptoms/Signs of SUSPECTED INFECTION to Registered Nurse

- Decline in functional status (new or increasing confusion, incontinence, falling, deteriorating mobility, reduce food intake or failure to cooperate with staff)

ASSESS

Suspect Respiratory Infection if*:

No other identifiable cause of infection AND two or more of the following:

- Fever: single oral temperature greater than 38°C; or increase in temperature of greater than 1.1°C above baseline temperature
- New or increased cough
- New or increased sputum production
- Pleuritic chest pain
- New or increased abnormal findings on chest exam

* **Other signs of respiratory infection to consider:** Respiratory rate \geq 25 bpm or increased over baseline (counted for a full minute), new/increased crackles, wheezes or bronchial sounds, dyspnea; tachycardia

Does the Resident Meet the Following Criteria for Treatment On-Site in the LTC Home?

1. Able to eat and drink
2. Pulse \leq 100/min
3. Respiratory rate less than 30/min
4. Systolic blood pressure \geq 90 mmHg
5. Oxygen saturation \geq 92%

YES

NO

Obtain Mobile Chest X-ray (if available) to confirm respiratory infection

(Do not delay treatment pending results of chest X-ray)

Obtain CBC Differential (if feasible)

Obtain Nasopharyngeal Swab (NPS); if NPS is positive, droplet precautions until NPS negative; consider antiviral therapy if influenza season

TREAT

Treat Infection On-Site in the LTC Home

- Ensure treatment decisions are aligned with the resident's goals of care
- Administer antibiotics (see Prescriber Information) as soon as possible
- Consider parenteral therapy if oral therapy contraindicated
- Consider hypodermoclysis/IV fluids for dehydration (i.e., oral intake less than 1L/day)
- Transfer to hospital if no longer meets criteria for LTC home treatment

Transfer to Hospital

- Provide oxygen therapy if O₂ saturation is less than 92%. If oximetry is not available consider initiating O₂ at 2L/min
- Transfer back to LTC home when criteria for on-site treatment in the LTC home are met

PRESCRIBER INFORMATION

Initiate antibiotic therapy within 4-8 hours of symptom onset:

First line+

Amoxicillin 1g oral TID x 7 days

Alternative+

Amoxicillin-Clavulanate 875mg oral BID x 7 days

+If allergic, consider doxycycline or fluoroquinolone

Source: Alberta Health Services. Nursing Home Acquired Pneumonia Checklist. March 2015.

* Consider adding one of the following if >65 years plus confusion:

Azithromycin 500mg oral daily x 3 days OR

Clarithromycin 500mg oral BID or XL 1g oral daily x 7 days

If unable to administer oral, consider transfer to acute care for IV therapy. If aspiration pneumonia is suspected, consult Bugs & Drugs or pharmacist for choice of antibiotic