

Priority Topic: PNEUMONIA

Key Features:

The definitive resource for pneumonia is the IDSA guideline (unfortunately it is a bit old and long, but it is being updated - projected publication summer 2018 - and can be broken down by the key features).

Check it out: [Pneumonia CAP Guidelines IDSA 2007](#)

For shorter reviews, read the AAFP or AIM articles:

[CAP in adults - diagnosis and management AAFP 2016](#)

[Community Acquired Pneumonia AIM 2015](#)

1. In a patient who presents [without the classic respiratory signs and symptoms](#) (e.g., deterioration, delirium, abdominal pain), include pneumonia in the [differential diagnosis](#).

What you should study:

- ✓ [Pleuritic chest pain - sorting through the differential AAFP 2017](#)
- ✓ [CAP in adults - diagnosis and management AAFP 2016](#)
- ✓ [CAP in children AAFP 2012](#)

2. In a patient with signs and symptoms of pneumonia, [do not rule out the diagnosis on the basis of a normal chest X-ray film](#) (e.g., consider dehydration, neutropenia, human immunodeficiency virus [HIV] infection).

What you should study: **this is a great article!**

- ✓ [Les pneumonies dévoilées pas la radiographe MduQ 2016](#)

3. In a patient with a diagnosis of pneumonia, [assess the risks for unusual pathogens](#) (e.g., a history of tuberculosis, exposure to birds, travel, HIV infection, aspiration).

What you should study:

- ✓ [Community Acquired Pneumonia AIM 2015](#) - see the table on page 5
- ✓ [CAP in Adults - diagnosis and management AAFP 2016](#)
- ✓ [Pulmonary infections in the returned traveller BMC 2017](#)

4. In patients with [pre-existing medical problems](#) (e.g., asthma, diabetes, congestive heart failure) and a [new diagnosis of pneumonia](#):

- a) [Treat both problems](#) concurrently (e.g., with prednisone plus antibiotics).
- b) [Adjust the treatment plan](#) for pneumonia, taking into account the concomitant medical problems (e.g., be aware of any drug interactions, such as that between warfarin [Coumadin] and antibiotics).

What you should study:

- ✓ [INESSS - Community Acquired Pneumonia in Adults](#)
- ✓ [INESSS - Pneumonie acquise en communauté chez l'adulte](#)
- ✓ [Clinically significant drug interactions AAFP 2000](#)
- ✓ [Antibiotic - Warfarin interactions](#)

5. [Identify patients](#), through history-taking, physical examination, and testing, [who are at high risk](#) for a complicated course of pneumonia and [would benefit from hospitalization](#), even though clinically they may appear stable.

What you should study:

- ✓ [Community Acquired Pneumonia AIM 2015](#)
- ✓ [Pneumonia Severity Scores](#)

6. In the patient with pneumonia and **early signs of respiratory distress**, assess, and reassess periodically, the **need for respiratory support** (bilevel positive airway pressure, continuous positive airway pressure, intubation) (i.e., look for the need before decompensation occurs).

What you should study:

- ✓ **Community Acquired Pneumonia AIM 2015 - who should go to ICU**

7. For a patient with a confirmed diagnosis of pneumonia, **make rational antibiotic choices** (e.g., outpatient + healthy = first-line antibiotics; avoid the routine use of “big guns”).

What you should study:

- ✓ **INESSS - Pneumonie acquise en communauté chez l'enfant de 3 mois et plus**
- ✓ **INESSS - Community Acquired Pneumonia in Adults**
- ✓ **INESSS - Pneumonie acquise en communauté chez l'adulte**
- ✓ **Uncomplicated Pneumonia management in children CPS 2015**
- ✓ **Pneumonia - Peds PIR 2013**

8. In a patient who is **receiving treatment** for pneumonia and is **not responding**:
- Revise the diagnosis** (e.g., identify other or contributing causes, such as cancer, chronic obstructive pulmonary disease, or bronchospasm), **consider atypical pathogens** (e.g., *Pneumocystis carinii*, TB, and **diagnose complications** (e.g., empyema, pneumothorax).
 - Modify the therapy** appropriately (e.g., change antibiotics).

What you should study:

- ✓ CAP in adults - diagnosis and management AAFP 2016
- ✓ Quand la pneumonie n'évolue pas comme prévu MduQ 2016
- ✓ A l'attaque contre les bactéries multirésistantes des poumons MduQ 2016
- ✓ Diagnostic approach to pleural effusion AAFP 2014
- ✓ Corticosteroids for presumed pneumocystis AAFP 2013

9. **Identify patients** (e.g., the elderly, nursing home residents, debilitated patients) who would **benefit from immunization** or other treatments (e.g., flu vaccine, Pneumovax, ribavarine) to **reduce the incidence** of pneumonia.

What you should study:

- ✓ Community Acquired Pneumonia AIM 2015
- ✓ Effectiveness of pneumococcal vaccines AAFP 2018

10. In patients with a diagnosis of pneumonia, ensure **appropriate follow-up** care (e.g., patient education, repeat chest X-ray examination, instructions to return if the condition worsens).

- ✓ **Just do it!**

11. In patients with a confirmed diagnosis of pneumonia, [arrange contact tracing when appropriate](#) (e.g., in those with TB, nursing home residents, those with legionnaires' disease).

What you should study:

- ✓ Tuberculosis (I can imagine the College asking questions on TB)
- ✓ [Update on Latent TB AAFP 2014](#)
- ✓ [TB Guidelines AAFP 2018](#)
- ✓ Legionella
- ✓ Emerging respiratory pathogens (perhaps not on the exam, but you should be aware...)