## 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)

#### **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 ≥ 25 bpm or increased over baseline (counted for a full minute), new/increased crackles, wheezes or bronchial sounds, dyspnea; tachycardia

ASSESS

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

- 1. Able to eat and drink
- **4.** Systolic blood pressure ≥ 90 mmHg

2. Pulse ≤ 100/min

- **5.** Oxygen saturation ≥ 92%
- 3. Respiratory rate less than 30/min

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 O<sub>2</sub> saturation is less than 92%. If oximetry is not available consider initiating O<sub>2</sub> 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+

Amoxicllin 1g oral TID x 7 days

#### Alternative+

Amoxicillin-Clavulanate 875mg oral BID x 7 days +If allergic, consider doxycycline or fluoroquinoilone

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

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Adapted from: Alberta Health Services, 2015; High et al., 2008 JAGS 57:375-394; Loeb et al. 2006 JAMA 295:2503-2510; Loeb et al., 2005 BMJ 331:669; British Thoracic Society Pneumonia Guidelines Committee. Annotated BTS Guideline for the management of CAP in adults 2015. Available at: https://www.brit-thoracic.org.uk.