





Respiratory Tract Infection

Queensland Ambulance Service

Exclusion from transport to General Practice


-  Complete inability to mobilize independently
-  Systemically unwell
-  Observations:
 - Temperature $>38^{\circ}$ or $<36^{\circ}$
 - Heart rate >90 bpm
 - Respiratory rate >24 bpm
 - Blood Pressure <100 mmHg Systolic
 - Oxygen Saturation $<92\%$
-  Acute onset of confusion.

Management

- Analgesia as required

General Practice

Assessment

-  Elderly patients may not have observations typical of sepsis

1. Continually assess observations
2. Examination as appropriate including auscultation of the chest
3. Chest X-ray, if required
4. Consider recent overseas travel or time spent in tropical North Queensland
5. Collect sputum for M/C/S, if possible.

Management

-  Presence of sepsis is for direct admission to **Emergency Department**
-  Multilobar pneumonia is for direct admission to **Emergency Department**.

First line treatment:

- Consider appropriate analgesia +/- NSAID
- Mild CAP: (Low grade fever, no nausea or vomiting)
 - Amoxicillin 1000mg TDS ORAL for 5 - 7 days; or,
 - Doxycycline 100mg BD ORAL for 5 - 7 days (if penicillin allergy is known)
 - This is the preferred therapy for suspected atypical pathogens:
 - Mycoplasma pneumonia
 - Chlamydia (Chlamydia) pneumonia
 - Legionella
 - If this is not appropriate (i.e. pregnant women, poorly tolerated)
 - Clarithromycin 500mg BD ORAL for 5 - 7 days
- Advise patient to present to the Emergency Department if their symptoms worsen
- Review in clinic in 72 hours with results of Sputum M/C/S

Failure to respond to antibiotics at 72 hours:

- Review Sputum M/C/S results
 - Modify antibiotic therapy based on sensitivities
 - If Sputum results are normal and patient remains unwell, **for self-presentation to Emergency Department**
- For review with usual G.P. in 1 week.

Escalation triggers

Refer to the Emergency Department

If the patient has any of the following, please refer them to the Emergency Department:

- Presence of sepsis
- Failure of oral therapies at 72 hours
- Inability to tolerate oral antibiotics or fluids
- Any other serious clinical concerns not already listed.

Disclaimer:

This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.



Preventing and controlling associated infections - Standard 3

Preventing patients acquiring preventable healthcare associated infections and to effectively manage infections when they occur using evidence-based strategies.



Service Delivery - Standard 11

Patients and the community have access to safe, high quality healthcare services that are appropriate, effective and meet their needs.



Provision of Care - Standard 12

The intention of this standard is to ensure high quality care is delivered to consumers/patients throughout the care continuum.



Governance for Safety and Quality in Health Service Organisations - Standard 1

Involves setting direction, making policy and strategy decisions, overseeing and monitoring organisational performance and ensuring overall accountability for a service.

