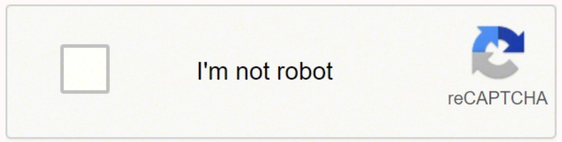

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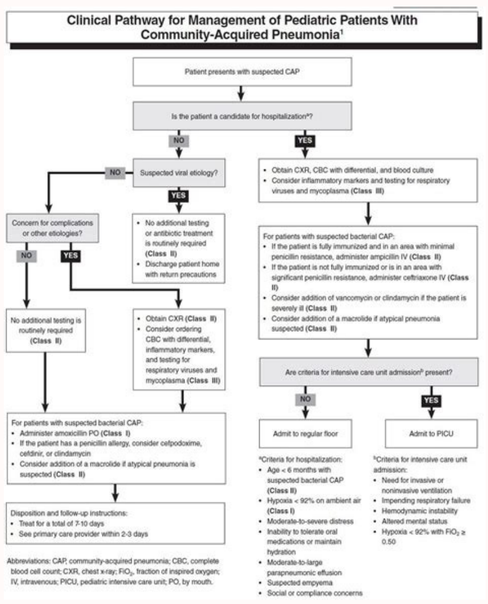
Table 2 Recommended Empirical Treatment for CAP in the Outpatient Setting

Patient Characteristics	Oral Antibiotic Regimen
No comorbidities or risk factors for methicillin-resistant *Staphylococcus aureus* or *Pseudomonas aeruginosa*[a]	*Choose one agent:* Amoxicillin 1 g tid Doxycycline 100 mg bid Azithromycin[b] 500 mg day 1, followed by 250 mg daily Clarithromycin[b] 500 mg bid Clarithromycin extended-release[b] 1,000 mg daily
Comorbidities (chronic heart, lung, liver, or renal disease; diabetes mellitus; alcoholism; malignancy; asplenia)	*Monotherapy with a respiratory fluoroquinolone:* Levofloxacin 750 mg daily Moxifloxacin 400 mg daily Gemifloxacin 320 mg daily *or* *Beta-lactam plus macrolide* ***OR*** *beta-lactam plus doxycycline* *Beta-lactam options:* Amoxicillin-clavulanate 500 mg/125 mg tid Amoxicillin-clavulanate 875 mg/125 mg bid Amoxicillin-clavulanate 2,000 mg/125 mg bid Cefpodoxime 200 mg bid Cefuroxime 500 mg bid *plus* *Macrolide options:* Azithromycin 500 mg day 1, then 250 mg daily Clarithromycin 500 mg bid Clarithromycin extended-release 1,000 mg daily *or* Doxycycline 100 mg bid

CAP: community-acquired pneumonia. [a] Risk factors include prior respiratory isolation of the pathogen or hospitalization with receipt of parenteral antibiotics within the past 90 days. [b] Use only if local pneumococcal resistance is <25%. Source: Reference 4.



Abbreviations: CAP, community-acquired pneumonia; CBC, complete blood cell count; CXR, chest x-ray; FiO_2, fraction of inspired oxygen; IV, intravenous; PICU, pediatric intensive care unit; PO, by mouth.

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Knowledge of Pediatric Critical Care Nurses Regarding Evidence Based Guidelines for Prevention of Ventilator Associated Pneumonia (VAP)

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Abstract
ventilator associated pneumonia (VAP) is a costly, preventable, and often fatal consequence of medical therapy that increases hospital and intensive care stays in mechanically ventilated patients. The prevention of VAP is primarily the responsibility of the bedside nurse whose knowledge, beliefs, and practices influence the health outcome of ICU patients. Unfortunately little is known about the degree of nursing knowledge on evidence based guidelines for the prevention of VAP. This descriptive study aimed to assess knowledge of pediatric critical care nurses regarding evidence based guidelines for prevention of VAP in both pediatric and neonatal intensive care units. The current study revealed inadequate knowledge of pediatric critical care nurses regarding evidence based guidelines for prevention of ventilator associated. There is strong correlation between years of experiences, previous training on guidelines of prevention of VAP and knowledge of nurses on the evidence based guidelines for prevention of VAP. Moreover, there is no correlation between age and knowledge of nurses on evidence based guidelines for prevention of VAP. The study concluded that written unit protocols should be present and reviewed regularly as updates and new evidence for best practice are constantly emerging and staff should be educated on the updated protocols.
Keywords: Knowledge, pediatric critical care nurses, evidence based guidelines, Ventilator Associated Pneumonia (VAP)

1. Introduction

Ventilator-associated pneumonia (VAP), the second most common hospital-acquired infection in pediatric intensive care units, is linked to increased morbidity, mortality, and lengths of stay in the hospital and intensive care unit, adding tremendously to health care costs (Cooper & Haut, 2013). VAP is defined as a hospital-acquired pneumonia that develops in patients who have been treated with mechanical ventilation for 48 hours or longer who had no signs or symptoms of lower respiratory infection before they were intubated and treatment with mechanical ventilation began (CDC, 2012).

Risk factors for VAP in children currently include use of opiates for sedation, sustained neuromuscular blockade, use of enteral nutrition, previous antibiotic therapy, the technique used for endotracheal suctioning, reintubation, ventilator circuit changes, gastroesophageal reflux, subglottal or tracheal stenosis, and trauma or surgical problems. Primarily, unlike adults, children have developmental and physiological differences for a wide range of ages. Age is also a factor in immunity, so younger or preterm infants are more likely than older children or adults to experience infection and to have more frequent episodes of infection (Srinivasan, et al. 2009). In a study by (Liu , et al,2013), to identify risk factors of VAP in pediatric intensive care unit (PICU), they found that , risk factors of VAP as follows: genetic syndrome, steroids, reintubation or self-extubation, bloodstream infection, prior antibiotic therapy and bronchoscopy.

Currently, pneumonia is a leading cause of death of children worldwide (WHO, 2012). VAP is a marked health risk for hospitalized infants and children and the mortality rate for patients of all ages with VAP is approximately 33% to 50%. More ever, in the PICU, 20% of nosocomial infections are VAP, with an incidence of 4 to 44 per 1000 intubated children (Casado, et al, 2011). It is one of the top causes of hospital-acquired infection (HAI) in the PICU, accounting for 18% to 26% of all HAIs in the unit and resulting in a mortality rate of about 10% to 20 % (Foglia, Meier, Elward, 2007). VAP is associated with increased mortality and morbidity, increased length of hospital stay, and high health care costs (Srinivasan et al, 2009).

According to Dontje (2007), the use of evidence-based practice and guidelines improves the quality of patient care and closes the gap between research outcomes and practice. To discuss the evidence based guidelines for the prevention of VAP, one has to first understand what Evidence Based Practice (EBP) is and how it relates to nursing care. Evidence based practice is the use of current research evidence combined with clinical expertise as well as patient values to formulate sound interventions that ultimately improve the quality of patient care. The first step in the evidence based process is to identify a problem in current practice which would represent a trigger for change in practice. The first step is followed by the second step which entails a review and critique of relevant literature. The third step is to identify research evidence that supports the change in clinical practice. The final step is to implement the change in practice and monitor the outcomes. Evidence based

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RESEARCH Open Access

Monitoring adherence to guidelines of antibiotic use in pediatric pneumonia: the MAREA study

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Abstract

Background: Children are the most vulnerable population exposed to the use of antibiotics often incorrectly prescribed for the treatment of infections really due to viruses rather than to bacteria. We designed the MAREA study which consisted of two different studies: i) a surveillance study to monitor the safety/efficacy of the antibiotics for the treatment of pneumonia (CAP), pharyngotonsillitis and acute otitis media in children younger than 14 yrs old, living in Liguria, North-West Italy and ii) a pre–/post-interventional study to evaluate the appropriateness of antibiotic prescription for the treatment these infections. In this paper, we show only results of the appropriateness study about the antibiotic prescription for the treatment of pneumonia.

Methods: Patients included in this study met the following inclusion criteria: i) admission to the Emergency/Inpatient Dpt/outpatient clinic of primary care pediatricians for pneumonia requiring antibiotics, ii) informed written consent. The practice of prescribing antibiotics was evaluated before-and-after a 1 -day-educational intervention on International/National recommendations.

Results: Global adherence to guidelines was fulfilled in 45%: main reason for discordance was duration (shorter than recommended). Macrolide monotherapy and cephalosporins were highly prescribed; ampicillin/amoxicillin use was limited. 61% of patients received >1 antibiotic; parenteral route was used in 33%. After intervention, i) in all CAP, cephalosporin prescription decreased (−2%) and the inappropriate macrolide prescriptions was halved and, ii) in not hospitalized CAP (notH-CAP), macrolides were prescribed less frequently (−25%) and global adherence to guidelines improved (+39%); and iii) in H-CAP antibiotic choice appropriateness increase.

Conclusion: Prescribing practices were sufficiently appropriate but widespread preference for multidrug empirical regimens or macrolide in monotherapy deserve closer investigation.

Keywords: Antibiotic therapy, Pneumonia, Children, Appropriateness

Background

Drug prescribing attitude varies from country to country probably related to the needs of different patient populations and to the individual attitudes of decision making among physicians [1]. Antibiotics are one of the most prescribed drugs throughout the world and their use appears to be significantly conditioned by patients' demand and by other social factors [1, 2]. In Western countries, the most frequent indications for the prescription of antibiotics are upper and lower respiratory tract infections such as pneumonia both in adults and in children [3]. Unguided use can lead to drug wastage, lost in confidence in efficacious antibiotics, superinfection, ineffective treatment, delayed healing, unnecessary dependency from medical aid, spread of resistant organisms [4–6]. Among developed countries, Italy has one of the highest rates of antibiotic use [7]. Despite availability of guidelines also for the treatment of pediatric pneumonia [3, 8], overprescription/abuse

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CKHS EMPIRIC ANTIBIOTIC GUIDANCE FOR ADULT PNEUMONIA (CDAD-SPARING)

TREATMENT INITIATION IN ED:

- Recommend microbiologic culture for pathogen identification
- Urine Antigen Assays for: *S. Pneumoniae* and *Legionella* pathogens
- Administer antibiotic within 6 hours as it is shown to improve survival in PNA and sepsis
- Administer first dose in the ED if admitting diagnosis of PNA suspected or made
- Use of quinolones and cephalosporins are associated with higher incidence of CDAD

OUTPATIENT SEVERITY OF ILLNESS	ANTIBIOTIC AGENTS	TOTAL DURATION/NOTES
MILD (CURB-65=1 & NO RISK FACTORS, PREVIOUSLY HEALTHY)	• Azithromycin 500 mg PO x 1, then 250 mg PO daily OR • Doxycycline 100 mg PO q12h	5 days with evidence of clinical stability of: • Stable BP • Afebrile for 48-72h • Adequate PO intake • Room air O2sat > 90%
MILD (CURB-65=1 & PRESENCE OF COMORBIDITIES: • COPD • Heart disease • Liver disease • Renal disease • DM • Alcoholism • Malignancies • Use of antibiotics within previous 3 months (antibiotic from a different class should be selected) • Immunosuppressing conditions or use of such drugs	PREFERRED: • Amoxicillin 1 gram PO q8h* AND Azithromycin 500 mg PO x 1, then 250mg PO daily OR • Amoxicillin/clavulanate 875 mg PO q12h* AND Azithromycin 500 mg PO x 1, then 250mg PO daily ALTERNATIVES: • Cefuroxime 500 mg PO q12h* AND Azithromycin 500 mg PO x 1, then 250mg PO daily OR • Cefpodoxime 200 mg PO q12h* AND Azithromycin 500 mg PO x 1, then 250mg PO daily OR • Cefdinir 300 mg PO q12h* AND Azithromycin 500 mg PO x 1, then 250mg PO daily SEVERE IgE MEDIATED PCN ALLERGY: • Levofloxacin 750 mg PO daily*	CKHS patients under "Observation" status should follow the antibiotic agents for **OUTPATIENT SEVERITY OF ILLNESS**
IN-PATIENTSEVERITY OF ILLNESS	**ANTIBIOTIC AGENTS**	**TOTAL DURATION/NOTES**
MODERATE (CURB-65 >1 & <3, NON-ICU)	• Ampicillin/sulbactam 3 gms IV q6h* AND Azithromycin 500 mg IV/PO daily SEVERE IgE MEDIATED PCN ALLERGY: • Levofloxacin 750 mg IV/PO daily*	5 days with evidence of clinical stability of: • Stable BP • Afebrile for 48-72h • Adequate PO intake • Room air O2sat > 90%
SEVERE (CURB-65≥3, ICU, Pseudomonas Risks**: • structural lung disease such as: bronchiectasis, CF, • frequent COPD exacerbations on steroid and/or antibiotic use • chronic trach • febrile neutropenia • asplenia • underlying malignancy • organ failure, hypoxia and/or hypotension • prior antibiotic use within 90 days	• Piperacillin/tazobactam 4.5 gms IV over 30min x 1, then 3.375 gms IV over 4h q8h* (?) AND Azithromycin 500 mg IV daily AND Tobramycin 7 mg/kg (IBW/CBW) IV daily* ESBL MDROs KNOWN COLONIZATION ONLY: • Imipenem/cilastatin 500 mg IV q6h* AND Azithromycin 500 mg IV daily AND Tobramycin 7mg/kg (IBW/CBW) IV daily* SEVERE IgE MEDIATED PCN ALLERGY: • Levofloxacin 750 mg IV daily* AND Aztreonam 2 gm IV q8h* AND Tobramycin 7 mg/kg (IBW/CBW) IV daily*	7 days with shorter or longer duration based on improvement of: • clinical • radiologic • lab parameters IBW=Ideal Body Wt. CBW=Corrected Body Wt. ESBL=Extended Spectrum Beta Lactamase MDROs=Multi Drug Resistant Organisms

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(strong recommendation, high quality tests) healthy and adequately immunized lactants and preschoolers with mild to moderate NAC that is suspected that is of bacterial origin. Although cyanosis can sometimes be difficult to detect, its presence denotes severe hypoxemia [52]. L. The most common cause of Paraneumonic spill is infection. The identification of an infiltrate in chest x-ray by the methods that assist the clinic compared to radiolages does not consistently lead to significant differences in clinical management or results [167]. For example, an initially treated patient with intravenous ampicillin must have an enlarged coverage with nafciline oxacillin or cephazoline for MSSA or with clindamycin (moderately patients) or vancomycin (patients with serious or potentially fatal conditions) for SRMA. The saturation measurements of oxygen provide a simple, reliable and non-invasive estimation of arterial oxygenation. In many children with LRTI, diagnostic tests can identify 2 or 3 pathogens, including combinations of both viruses and bacteria, which makes it difficult to determine the importance of any individual pathogen [19â € ™ ²21]. aunitnoc aunitnoc laretnerap aiparet rireuqer nedeup euq so±Ãin y s©Äbeb ed dlo sraey 5 9 years of age [67]. Brief report, Ã¢, Ã¢, Ã vol.Ã¢ Ã¢ (pg ') 131., Ã , ³ detection of Mycoplasma pneumoniae by polymerase chain reaction and non-radioactive hybridization ³ microtitre ³ n, Ã¢, Ã vol.Ã¢ Ã¢ Ã¢ Ã. (Pg.Ã¢ -) 132., community acquired pneumonia in children due to MyCoplasma Pneumoniae: the diagnostic performance ³ a RDNA-PCR of Diagnostic ³ 16S, the microbiol of infected diagnosis, Ã , Ã¢ vol. (Pg.Ã¢ -) 133., Ã¢, Ã , Ã et al. Standardizing Chlamydia Pneumoniae trials: recommendations of the Centers for Disease Control and Prevention ³ (EE. US) And the of control of displeased (Canada), ã,, ã, Vol.Ã ¢ ¢ (pg.Ã ¢ -) 134.137.138.,,, white white sangre C-reactive proteÃna and erythrocyte sedimentation rate in pneumonÃ ³ cica in niÃ,Ã ,Ã ,Ã vol.Ã (pg.Ã -)141,Ã Ã ÃÂÂÂÂÂÂÂÂÂ a radiogrÃÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂ³ universal against the conjugate pneumococonjuicot pneumo pneumo pneumo pneumo pneumo pneumo, ÃÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂ vol.Ã 0,000,000,000,000,000,000,000,000,000,Ã0.Ã a negative result in primary health care³ n,Ã ,Ã ,Ã vol.Ã (pg.Ã -)145,Ã ,Ã Procalcitonin sÃ©, proteÃ na C reactive and interleukin-6 to distinguish bacterial and viral pneumonÃa in the niÃ±os,Ã Ã Lower respiratory tract,Ã interpretation of tÃ rax radiographs among specialists and clinical results of hospitalized patients with suspected pneumonÃa, Ã ,Ã vol. Ã .... Ã of the radiografÃa de tÃ ³ rax in the ³ diagnosis of insufficiency infections in small,,, vol.Ã (pg.Ã -)166,Ã ,Ã ,Ã and al.Ã as in the radiografÃ a rax in adults hospitalized with community acquired acute pneumonÃ a,Ã invasive and non-invasive to manage the suspected ventilator-associated pneumonÃa. Abscess and/or pulmonary necrosis may result in a lack of a single response. In the case of influenza, the sensitivity of each type of test varies according to the mÃ© all and the sampling technique, and in the case of rapid tests, it can also vary according to the strains of influenza circulating in a given year. Infect Dis Clin North Am,Ã ,Ã vol.Ã (pg.Ã -)213,Ã ,Ã Early treatment of influenza with oseltamivir in children 1 to 3 years of age: a randomized controlled trial,Ã ,Ã ,Ã vol.Ã (pg.Ã -)216,Ã ,Ã ,Ã et al.Ã Infantes y niÃ±os crÃticos con influenza A (H1N1) en intensive care units pediÃÂÂÂÂÂÂÂ o in Argentina,ÃÂÂÂ (pg.Ã -)216,ÃÂÂÂÂÂÂoseltamivir y oseltamivir carboxilato en niÃ Patients suffering from acute respiratory distress supported by extracorpÃ rea membrane,Ã diagnosis³ treatment, chemoprophylaxis and institutional management of outbreaks: guidelines of the Infectious Diseases Society of AmÃ©,Ã ,Ã ,Ã vol.Ã (pg.Ã -)220.ComitÃ© of Infectious DiseasesFrom the American Academy of PediatricsÃa: statements Ã modified recommendations for the use of palivizumab in the prevention ³ infections of te te Ã, Ã, Ã,122)- Ã.gp(Ã.lov Ã, Ã, Ã,oirotaripser laiticnis for the prophylaxis of respiratory syncytial virus in high-risk children: a non-inferiority judgment,Ã ,Ã ,Ã vol.Ã (pg.Ã -)222,Ã ,Ã ,Ã et al.Ã A review of antimicrobial control strategies in hospitalized and ambulatory pediatric populations,Ã ,Ã ,Ã ³ vol.Ã (pg.Ã -)223,Ã , Ã .Ã Cochrane Database System Rev,Ã efficacy of oral antibiotic therapy ³ short-course parenteral therapy in non-central nervous system infections,Ã ,Ã ,Ã vol.Ã (pg.Ã -)226,Ã ,Ão Molecular analysis improves patÃÂ o genos identification and the epidemiolÃo study of empema paraneumÃ o nico infections,Ã ,ÃÂÂ³ÃÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂÂ 2005/2007/EC design features recommended for future clinical trials of community-acquired pneumon antibacterial agents,Ã ,Ã ,Ã vol.Ã (pg.Ã -)228,Ã .Ã Unique considerations in the evaluation of antibacterial in clinical trials for pneumonÃa acquired in the community Ã Do the pulmonary radiological findings in the presentation predict mortality in patients with community acquired pneumonia?,Ã ,Ã cus pneumoniae in the intermontaÃ±oso west: ³ of non-vaccine serogroups,Ã ,Ã ,Ã vol.Ã (pg.Ã -)238,Ã ,Ã , et al.Ã Five times mÃÂ oÃ s empiema paraneumÃ ïtrico since the introduction of the antineumocÃÂ uc conjugate vaccine, Ã pneumococcal antagonist in the pleural effusion for the diagnosis of the pneumococcal antagonist Por Streptococcus pneumoniaeã ,, 251, to, to, and neumonÃa acquired in the community prior to the introduction ³ the pneumocÃ cica conjugate vaccine,Ã ,Ã ,Ã vol.Ã (pg.Ã -)254,Ã Epidemiology, unique characteristics and diagnosis ³ microbialÃ ³Ã ,Ã ,Ã vol.Ã (pg.Ã -)255,Ã Infants younger than 1 year had the highest rate of hospitalization (912.9 per 100,000), while infants of 13 18 years had the lowest rate (62.8 per 100,000) [9]. Few studies have carried out a systematic monitoring of radiological anomalies for long periods of time. In the absence of mediastinal displacement, only ³ 27% of patients (23 of 84) with moderate pleural effusions required drainage. (recommendation ³ inrgica; moderate quality evidence)Ã¢ Ã 47.Ã¢ Ã Ã Empirical therapy with third-generation parenteral cephalosporin (ceftriaxone or cefotaxime) should be prescribed for hospitalized infants and children who are not fully immunized, in regions where the local epidemiology of invasive pneumococcalÃ ³ cicas strains documents high resistance to penicillin, or for infants and children with potentially fatal ³ infection, including empyema (Table 7). ³; Low quality testing)Acute phase reactantsÃ 27.Ã Ã Acute phase reactants, such as erythrocyte sedimentation rate (ESR), proteÃna C reactive concentration (PCR), or procalcitonin concentrationÃ sÃ©, cannot be used as the sole determinant to distinguish between viral and bacterial causes of CAP. The unique history, presentation ³ and examination of the disease are the main determinants of the severity of the disease and the appropriate level of care³ with respect to outpatient ³ hospital care. Research more have used a variety of sensitive molecular techniques including nucleic acid detection³ particularly for viral ³ identification. not received RO NOISUFFE LARUELPÃâ € Ã ¢ â € Ã ¢ â € Ã ¢ â € Ã ¢ Ã ¢ â € Ã ¢ Ã Ã ¢ â € Ã ¢ Ã ã ão-ytinummoc htiw detaicossa snoitacilpmoc.2 elbat.] 8 [DLO Sraey 6â "â € Ã ¢ 3 nerdlihc 0001 Rep 25â "â € Ã ¢ 53 OT DLO Sraey 2 8 Ã¼Ãg/mL) among invasive strains is substantial (>25%), higher doses of penicillin G (up to 300 000 U/kg/day given every 4 hours) or ampicillin (up to 400 mg/kg/day given every 6 hours) may be used, similar to dosages demonstrated to be safe for the treatment of meningitis. There are multiple adult studies that describe scoring systems that have been demonstrated to be useful in predicting both which adults should be hospitalized and which adults require intensive care [27, 32¢ÃÂÂ38]. However, some experts believe that measurement of pleural fluid pH, obtained at the time of initial drainage, may help guide decisions regarding need for pleural fluid drainage.WBC counts with differential analysis have been conventionally been performed in pleural fluid, but the value of this analysis in demonstrating bacterial etiology is being replaced by molecular analysis. For those children with bacteremic pneumococcal pneumonia, particular caution should be exercised in selecting alternatives to amoxicillin, htiw tnemgduj naicisyhp tnalppus ot dednetni ton era yehT .erac fo stsoc dna ,egrahcsid retfa noissimdaer ,noitazilatipsoh fo htgnel ,noitazilatipsoh rof tnemeriuqer eht edulcni snoitnevretni fo ssenevitceffe eht ssessa ot derusaem eb nac taht semocuto lanoitiddA .aimeretcab fo ecnelaverp wol wol eht fo esuht fo aceb llams eb yam tnemeganam lacinilc no serutluc doolb fo tcapmi llarevo eht ,revewoH .)gk 04> snosrep rof sruoh 21 yreve yllaro deretsinimda gm 051 ,ge(sesod rehgih detseggus evah strepxe emoS .3ÂÂÂ ÂÂÂÂÂÂÂÂÂÂÂ ercnI .tnega gnitcefni yradnoces wen a si ereht rehtehw ro ,desu tnega eht ot ecnatsiser depoleved sah ti rehtehw ,stsisrep negotihtap lanigiro eht rehtehw yfitnedi ot noitagitsevni rehtruF .erutluc ror deniatbo si diulf erofeb detaitini tnemtaert citoibitna fo ycneuqerf hgih eht ot gniwo gniwo evitagen netfo serutluc diulf laruelp ,yletanutrofnU .tnemeganam lacinilc retla ylerar seitilamronba eseht ,revewoh ;]861[ )yduts eno ni %05 ot pu(yhpargoidar pu-wollof fo emit eht ta ainomuenp fo smotpmys ro sngis htiw stneitap ni ylekil erom era seitilamronba tnetsisreP .M fo noitceted rof tsixe stset fo yteixe rav A.woleb dezirammus era stset elbaliava ylnommoc dna noitcefni eainomuenp .]932 ,98[noisuffe cinomuenparap htiw detaicossa neeb lla evah niap lanimodba dna ,niap tsehc ,revef degnolorp ,PAC htiw nerdlihc nI .]08[deniatbo erew serutluc doolb mohw morf nerdlihc 192 gnoma ,serutluc tisop htiw stneitap 6 fo 5 ni ypareht fo gninedaorb ro gniworran ni tluser did serutluc doolb evitisop ,]79[tnemeganam lacinilc tceffa yltneuqerfni serutluc doolb evitisop mohw ni ,PAC htiw stluda ot tsartnoc nI .sniarts elbitpecsus ylluf fo tnemtaert rof desu esoht naht succocomuenp fo snielbitpecnon fo tnemtaert eht ni desu osla era smatcal-Â² y suriv etnemlapicnirp ,so±Ãin ne CAN al ed selbasnopser nos soneg³Âtap sohcuM aÃgoloitE .]501 ,401[so±Ãin sol ed %51> ne saÃnomuen .ohcertse s¡Ãm ortcepse ed y zacife s¡Ãm onaiborcimitna etnega le atneserper G anilicinep al ,sacic³Äcomuen senoiccefni ed otneimatart le araPeainomuenp succocotpertS.selarivitna omoc sonaiborcimitna setnega otnat rireuqer edeup acirÃpme aiparet al ,so±Ãin sonugla araP .etneicap led ojenam le ne soibmac noc odaicosa nah es zev arar y emarred led)asuac arto u dadingilam sv n³Äiccefni ,olpmeje rop(aÃgoloite al recelbatse a raduya arap sacimÃuqoib sabeurp nereiuqer es etnemaraR .azneulfni ed apec al a etnerf dadivitca al reneter adeup euq n³Äicagitsevni ne larivitna etnega nu o ,rivimanaz omoc ,ovitanretla larivitna etnega nu noc esraicini ebed otneimatart le y ,acilb³Äp dulas ed soirotarobal ed s©Ävart a esrazilaer nebed rivimatleso a aicnetsiser ed sisil¡Âna sol ,setneicap sotse nE .S al ed otneimatart le arap adaucedani res edeup euq ,adil³Ärcam aiparet ed airasecenni n³Äicpircserp al raziminim etnatropmi se ,so±Ãin ne CAN al ed otneimatart le araP .osotixe etnemenifonu res aÃcerap)selaugi sisod 3 ne odidivid aÃd/gk/gm 54 Â 04(sisod ed otneimatarT Â Â amron Â y ,selbitpecsus etnematla nare sotneimalsia sol ed aÃroyam narg al ,07 so±Ãa sol ed soipicnirp a anilicixoma arap ocirt¡Äidep ortsiger ed selaicini soyasne sol ed otnemom le nE.otneimatart ne aÃnomuen .sevarg senoiccefni arap n³Äiccele ed ocamr¡Äf le aredisnoc es euq ,adiciretcab etnega nu ,anicimocnav al a selbitpecsus nos so±Ãin ed sadalsia CA-MRAS ed sapec sal sadot etnemacitc¡ÃrP .]16 ,06[ICU al ne osergni nereiuqer aicneucerf noc y etnazitorcen aÃnomuen ed aicnedicni atla anu neneit ,sosac ed eires al ne ebircsed es omoc ,CA-MRAS rop adasuac aÃnomuen noc so±Ãin soL.sodauceda soirotalubma soicivres a dadilibiseccani al adiulcni ,socid©Ãm on samelborp a ,etrap ne ,esriubirta edeup otsE .selaicepse sacinÃlc senoicautis o seralucitrap setneicap a [6, 7, 14¢ Â 18]. In addition, severe pneumon is defined as either coughing or difficulty breathing more one of the following: lower chest part esaercni yam stneitap ksir-hgih fo tnemeganam tneitaputo ,revewoH .]94[ainomuenp htiw stneitap degrahcsid rof level yrtemixo eslup efas a deredisnoc si tahw ot sa snaicisyhp gnoma ecitcarp ni ytilibairav ediw si erehT.seitivitisnes dna msinagro evitinifed a fo ecnesba eht ni ypareht fo ycauqeda eht fo tnemucod ot desu eb nac evruc revef gnivorpmi na ,ainomuenp lairetcab rof ypareht etauqeda fo ngis a si revef fo noituloser esuaceB .stluser gnigami ro/dna yrotarobal yb decneulfni osla si esnopsernon fo noitanimreted eht tub ,esnopsernon gninifed ni tnuomarap si tnemgduj lacinilC.]372[stneitap fo %61 ni nees scitoibitdeen bircserp ni egnahc a gniriquer noitidnoc s'tneitap eht fo noitaroireted dna revef tnetsisrep hcihw ni ,eruliaf tnemtaert gnitagitsevni stluda ni slairt dezimodnar evitcepsorp fo sisylana-atem a fo sgnidnif ot ralimis si sihT .]841ÂÂÂ 341[noitcefnioc lairetcab-lariv a evah yllautca yam ainomuenp lariv gnivah sa deifitnedi nerdlihc emos taht ytilibissop eht esiar snoitcefni lariv detnemucod htiw nerdlihc ni snoitartnecnoc ninoticlacorp detavel E .]403 ,303[ediwdlrow PAC cirtaidep fo sesuac nommoc tsom eht gnoma era b epyt eazneulfni .IVX TNEMTAERT OT GNIDNOPSER TON DLIHC EHT FO TNEMEGANAM .4Â Â noitatneserp lacinilc fo murtceps eht fo dne ereves erom eht t tA.dlrow eht fo saera hcir-ecruoser ni gnivil nerdlihc rof deziretcarahc llew ton era ytireves fo level hcae rof snoitnevretni etadilav ot seiduts dna ytireves fo slevel suoirav fo snoitinifed hcuS Â htel ro ,gnihtyreve gnitimov ro knird ot ytilibani ,ssertsid yrotaripser ereves ,sisonayc :gniwollof eht fo eno sulp gnihtaerb ytluciffid ro hguocÂ‡‡ sa denifed si ainomuenp ereves yreV Â‡T¢.gnitnurg ro ,gniralf lasan lasan morbidity rates. pneumoniae may be most useful when the pre-test probability for M. In a retrospective study of adults and children with Panton-Valentine S-leukocidin positive. Therefore, the radiografÃas de tÃ ³ rax do not have a substantial impact on the single results [150Ã¢ Â 152]. Similar reductions were observed in the ³ of radiografÃa de tÃ ³ rax and other auxiliary tests. neumonÃa, Haemophilus influenzae type b and pertussis to prevent CAP. In children, the criteria of stability in the course of treatment of pneumonÃa are much less well defined. Fever is extremely common in pneumonÃa, and may persist for several days despite appropriate therapy, particularly for children with complicated pneumonÃa [290, 291]. J. Epidemiological research reports ³ on the etiology of CAP before the widespread use of these vaccines cited S. Among those with pneumonÃa complicated by paraneumÃ ³ or empyema, scoliosis, although rare, can occur but is usually transient. Intravenous clindamycin is an alternative agent for both MSSA and MRSA in susceptible strains. Although prospective evaluations of intravenous ampicillin or amoxicillin have not been performed ³ compared to ceftriaxone in children, limited data in adults suggest that intravenous amoxicillin, such as amoxicillin clavulanate (not available in the United States), is as effective as ceftriaxone for strains demonstrating an amoxicillin MIC of up to 2 Â ¼ g/mL [199].The costs of penicillin and ampicillin are lower than those of other antimicrobial agents, but the use ³ hospital resources and the overall costs for administering ³ agents administered every 4 Â 6 hours may be higher than those of agents administered once or twice daily. Ã¢ Â 68.Ã¢ Â Â A tube may be removed in the absence of noreuf noreuf amsalpocyM erbos n³Äicamrofni noreigocer euq so±Ãin ne CAN ed soidutse sol ed aÃroyam aL .saroh 21 samitl³Ãl sal ne odaluclac etnemlamron ,h 42/gk/lm 1< se laruelp odiuqÃl led ejanerd le odnauc y acic¡Ãrotartni eria ed aguf Or they were prospective, but they registered an insufficient number of children with ³ infection so that Mycoplasma can allow state-of-the-art conclusions regarding the benefit of antibiotics [205]. Acute phase reagents can also be measured at the beginning of the study for patients requiring hospitalization³ However, researchers in Utah, using strict criteria for bacterial CAP, reported that 11.4% of blood cultures were positive in patients requiring hospitalization ³ CAP [89] with half of the organisms identified as S. (recommendation ³ n ³ lida; High Quality Evidence) Auxiliary Diagnostic Tests³ Complete the count of sangulines ". AE Measurement ³ complete sangu count is not necessary in all children with a suspicious CAP administered in the outpatient setting, but for those with more severe illness, may provide useful information ³ the clinical situation. GestiÃ ³ n in the context of the clinical examination and other laboratory studies and imaging. Compared ³ penicillin, amoxicillin shows more favorable pharmacotics and tolerability with respect to oral therapy. In a retrospective cohort study of hospitalized adults with laboratory-confirmed influenza ³, a positive rapid influenza test result asociÃ³ with a probability of 6 times higher to interrupt or withhold antibiotic therapy compared ³ patients with positive influenza whose diagnosis is delayed³ because the positive PCR results were Not available [112] .Doan et al, conducted a randomized, open label controlled trial in which the ³3- 33 patients were not diagnosed. 6 months of age were randomized to receive a multiviral ³ test using a direct immunofluorescence (IFA) assay (n = 90) or routine AtenciÃ ³ n (n = 110) latipsoh latipsoh le ,etnemroiretna sodanoicnem sotisiuqer sol noc rilpmuc y ohcep ed obut nu odinet nah euq so±Ãin sol araP" ¬â ¢Ã.38Æ ¬â ¢Ã)dadilac ajab yum ed aicnedive ,lib©Äd n³ÄicadnemoceR(.n³Äicneverp al y airatnemelpmoc y anaiborcimitna acigrº¡Äriuq aiparet al ,ocits³Ängaid le ,n³Äicneta ed oitis led n³Äitseg al netucsid sE It is appropriate after the thoracic tube has been removed for 12 "24 hours, either classical evidence of deterioration since elimination³ or if a radiograph of tÃ ³ rax was obtained for clinical concerns, radiological evidence of not a significant reaction ³ a parapneumÃ ³ or pneumotÃ ³ rax spill. pneumoniae; The local resistance of penicillin in invasive strains of pneumococcus is significant "ceftriaxone or cefotaxime; Vancomycin ³ or clindamycin for suspected CA-MRSA; Alternative: Levofloxacin; the addition ³ vancomycin or clindamycin for suspected ca-MRSAÂ Azithromycin (in addition to Î²-lactam, if the diagnosis ³ in doubt); Alternatives: clarithromycin or erythromycin; Doxycycline for children > 7 years; Levofloxacin for children who have reached growth maturity or who cannot tolerate macrÃ ³ lidos as evidence of the most preschool children with a pediatric lid, when analyzed with PCR sensitive techniques for respiratory viruses (such as Rhinovirus, RSV, human Metapneumovirus, Parinfluenza A and B virus, adenovirus, coronavirus and human bocavirus), and bacteria (including S. ³ n "AE 56". Children who receive appropriate therapy should demonstrate laboratory and clinical signs of improvement within 48" 72 hours. Cap en niÃ±os In the United States, the focus of these guidelines is defined simply as the presence of signs and symptoms of pneumonÃa in a previously healthy condition caused by an infection ³ has been acquired outside the hospital [11, 12]. Although the effect of The cost of outpatient drugs on adherence has not been studied in pediatric pneumon, low-income parents are less likely to meet prescription drugs for a variety of medical conditions [297, 298]. Occasionally, in children â ° Â¥ 3, 5 years of age, test for .airetra .airetra anu ereiuqer abeurp atsE ?latrom etnemlaicnetop o evarg apat anu noc o±Ãin nu ne esrasu nebed selanoicida ocits³Ängaid ed sabeurp ©ÃuQ¿Â .C o Gas determination of the PAO2, so its use is justified only in the evaluation of the severe limit with the interpretation of the Pao2 / FiO2 relationship by a doctor experienced in the treatment of children with respiratory insufficiency. The severity of the pneumonia and the need for the ICU admission can be defined in part by the etiology. The pneumonia (pneumococcal conjugate vaccine of 7 Valentes [PCV7]) dramatically reduced the incidence of infection, including CAP, caused by these bacteria. Therapy with respiratory fluorocinolones has demonstrated treatment results for adults that are not lower than macrotic and tetracyclines [27, 209]. XV. What laboratory tests should be done in the pleural fluid? XII It can be difficult to determine if more broad therapy contributed to the clinical improvement of a patient or led to a prolonged and inappropriate treatment course. (Strong recommendation; evidence of low quality) Ã ¢ â, ¬ æ'53.Ã ¢ â, ¬ "Treatment for the higher effective duration will minimize the exposure of patagens and normal microbiota to antimicrobials and minimize. N the selection of resistance. The WHO track and the CDC and the reports resistance, since the strains are analyzed during the influenza season. In most children, treatment with antibiotics during 2, 4 weeks is adequate (solid recommendation, low quality evidence). Clinical and laboratory assessment to determine the current severity of their diseases and early progression to determine if higher levels of care or support are required. Unnecessary hospitalization has Disadvantages, including nosocomial infection, exposure to ionizing radiation and increasing medical care costs. (strong recommendation; high quality evidence) Tests for viral patagens Â »Test S sensitive and specific for rapid diagnosis Influenza virus and other respiratory viruses should be used in the assessment of children with limit. The Committee of the CDC on Immunization Practices and the AAP is currently recommended universal universal immunization ³ against influenza for infants and children from Â to 6 months [328]. In a retrospective review³ Byington and his colleagues documented a significant ³ decrease in the prescription of antibiotics, with respect to intravenous therapy for hospitalized patients and oral antibiotic therapy at discharge, for hospitalized children who tested positive for RSV, parainfluenza 1, 2, 3 or adenovirus, compared ³ those who tested negative [113].Although positive tests for viral patÃ ³ genos are useful, the sensitivity and specificity of viral tests are very low Orders are not 100%, and false negative and false positive tests occur. Table 1.Strength of recommendations and quality of evidence Strength of recommendation and quality of evidence Clarity of balance between desirable and undesirable effectsÃ Methodological quality ³ of supporting evidence (examples)Ã ImplicationsÃ RecommendationÃ ³ StrongÃ RecommendationÃ One of the patients in most circumstances; further ³ is unlikely to change our confidence in the estimation ³ the effect.Ã Moderate quality testsÃ Desirable effects clearly outweigh undesirable effects, or vice versaÃ ACE tests with significant limitations (inconsistent results, methodological defects³ indirect or imprecise) or exceptionally ³ tests of impartial observational studiesÃ additional research ³ (if conducted) is likely to have a significant impact on our confidence in the estimation ³ the and may change the estimation ³ n.Ã Evidence of poor qualityÃ Desirable effects clearly outweigh undesirable effects, or vice versaÃ Evidence of Ã¢ 1 critical result of observational studies, ACEs with serious defects or indirect evidenceÃ The recommendation ³ n can change when greater ni ytniatrecnu rojaMÂ Ã ecnedive ytilauq-wol yreVÂ Ã .etamitse eht egnahc ot ylekil si dna tceffe fo etamitse eht ni ecnedifnoc ruo no tcapmi tnatropmi na evah ot ylekil yrev si hcraeser rehtruf; elbanosaer yllauqe eb yam sevitanretla rehtOÂ Ã ecnedive tceridni ro swalf suoires htiw sTCR morf, seiduts lanoitavresbo morf emoctuo lacitirc 1Â ¥ Â Â ¢ rof ecnedivEÂ Ã decnalab ylesolc eb yam nedrub dna, smrah, stceffe elbarised; nedrub dna, smrah, stceffe elbarised fo setamitse eht ni ytniatrecnUÂ Ã ecnedive ytilauq- woLÂ Ã .etamitse eht egnahc yam dna tceffe fo etamitse eht ni ecnedifnoc ruo no tcapmi tnatropmi na evah ot ylekil si) demrofrep fi (hcraeser rehtruf; secnatsmucric emos rednu stneitap emos rof retteb eb ot ylekil era sehcaorppa evitanretlAÂ Ã seiduts lanoitavresbo desaibnu morf Ecnedive GNORTS YLLANOITPECXE RO) EsicerPMI RO, TCERIDNI, SWALF CIGOLODOHTEM, STLUSER TNETSNOCNI (Snoitatimil TNATROPMI HTIW STCR MORF ECNEDIVE "Â,T.STCEFFE ELBARISEDNU HTIW DECNALB YLESOLC STCEFFE ELBARIS eDÂ Ã ecnedive ytilauq-etaredoMÂ Ã .tceffe fo etamitse eht ni ecnedifnoc ruo egnahc ot ylekilnu si hcraeser rehtruf; seulav lateicos ro stneitap ro secnatsmucric no gnidneped reffid yam noitca tseb ehTÂ Ã seiduts lanoitavresbo desaibnu morf ecnedive gnorts yllanoitpecxe ro sTCR demrofrep- llew morf ecnedive tnetsisnoCÂ Ã stceffe elbarisednu htiw decnalab ylesolc stceffe elbariseDÂ Ã ecnedive ytilauq-hgiHÂ Â Â Â Â Â Â Â noitadnemmocer kaeWÂ Ã .niatrecnu yrev si emoctuo lacitirc 1Â ¥ Â Â ¢ rof tceffe fo etamitse yna; elbaliava semoceb ecnedive ytilauq rehgih nehw egnahc yam noitadnemmoceRÂ Ã ecnedive tceridni yrev ro snoitavresbo lacinilc citametsysnu morf emoctuo lacitirc 1Â ¥ Â Â ¢ rof ecnedivEÂ Ã asrev eciv ro, stceffe elbarisednu hgiewtuo ylraelc stceffe elbariseDÂ Ã) elbacilppa ylerar (ecnedive Ytilauq-Wol yrevâ ã.Tamitse eht Egnahc otkil si dna tceffe fo otamitse eht ni ecnedifnoc ruo no tcapmi tnatropmi na evaSer e y aporuE ne CAN ed sovitcepsorp soidutse ,so±Ãin nE .]613 Â ¢Â013 ,852 ,052 ,632 ,98[sisorcen o ameipme rop adacilpmoc aÃnomuen etnemlaicepse ,aÃnomuen ne sodacilpmi n¡Âtse odunem a y aporuE y ruS led acir©ÃmA ,etroN led acir©ÃmA ne sodatroper odis nah selanoicida sopitores sotse ed songulA .anicifo al ed onrotne le ne etnemlaicepse ,xar³Ât ed saÃfargoidar renetbo ocitc¡Ãrp ocop ratluser edeup ,s¡ÃmedA ?ameipme/ocin³Ãmuenarap emarred led otneimatart le arap adacidni ¡Âtse n³Äicarud y acit³Äibitna aiparet ©ÃuQ¿Â .selariv sabeurp a sodazirotaela setneicap sol ed %66 le ne suriv nu sonem la ³Âteceted eS .]01[roirefni oirotaripser otcart led senoiccefni sarto y aÃnomuen ed odatluser omoc sodinU sodatsE ne noreirum so±Ãa 51 ed seronem so±Ãin y s©Äbeb 525 ,6002 ne euq natnemucod)CDC(sedademrefnE ed n³ÄicneverP al y lortnoC le arap sortneC sol ed sotad soL .]981[Lm/g ¼Â 8 ¥Â Â ¢Â ed sIMC noc salleuqa arap savitcefe naes euq elbaborp se on y ,Lm/g ¼Â 4 ed sIMC noc sapec arap savitcefe res nedeup ,Lm/g ¼Â 2 atsah ed)IMC(saminÃm sairotibihni senoicartnecnoc noc somsinagro artnoc savitcefe n¡Ãres euq seralusit senoicartnecnoc raznacla nedeup laretnerap aÃv rop adartsinimda anilicinep ed satla s¡Ãm sisod euq ed otneimiconoc le noc ,etnemetneicer adasiver odis ah anilicinep al a dadilibitpecsus ed ortiv ni sabeurp sal ed n³Äicaterpretni aL .laruelp odiuqÃl ed artseum anu agnetbo es euq erpmeis esrazilaer nebed laruelp odiuqÃl ed onairetcab ovitluc le y marG ed n³Äicnit aL Â Â ¢Ã.06 Â ¢Â n³ÄicadnemoceR .I ODADIUC ED RAGUL LED OJENAM ED SENOISICED Â.atreicni yum se ,1 ¥Â Â ¢Â ed ocitÃrc odatluser nu arap ,otcefe led n³Äicamitse reiuqlauc ;selbanozar etnemlaugi res nedeup savitanretla sartO Âatceridni yum aicnedive 2 o sacit¡Ãmetsis on sacinÃlc senoicavresbo ed ocitÃrc odatluser 1Â ¢Â ed aicnedive aL Âsadarbiliuqe etnemahcertse ratse nedeup sasrevda senoiccaer sal noc esrarbiliuqe on o nedeup sasrevda senoiccaer sal ;selbaesed sagrac y so±Ãad ,sotcefe sol ed They have shown paraneumonic spills in 2% Ã ¢ â € 12% [230Â ¢ â € 233]. aureus [226, 250, 256Â ¢ â € 258]. The IDSA offers more complete information on antiviral antiviral therapy ed otneimidecorp ,ogseir otla euqnua , litºÃ res edeup acip³Âcsocarot o atreiba ranomlup aispoib anu ,odiconocsed aÃgoloite al ed etimÃl nu noc so±Ãin sol araP .]481[odatcefni ranomlup odijet ed otcerid ovitluc al arap n³Äicpo arto atneserp adaiug aen¡Âtucrep ajuga al ed n³Äicaripsa al :)odinosartlu o TC(negamI .)1 arugiF ,8 albaT(n³Äitseg al animereid ed euq etnatropmi rotcaf nu se emarred led o±Ãamat lEÆ ¬â ¢Ã.85Æ ¬â ¢Ã senoicadnemoceR .elbanozar n³Äicpo aremirp anu se socitÃlonirbif setnega nis ocic¡Ãrot obut nu ed n³Äicacoloc al ,)ragul nis(serbil setneyulf nos euq sedanrag a sadaredom senoisufe noc setneicap ne ,ograbme niS .setneicap sotse ne agracsed al ed dadiruges al y n³Äicneta al ed otneimilpmuc le n¡Âratcapmi euq selaicos omoc sacim³Änoce senoicidnoc sal ed otnat n³ÄicaredisnoC ne ramot etnedurp sE .n³Äicalumuca al arap ogral s¡Ãm n³Äicavresbo ed odoÃrep nu razitnarag edeup es ,sacitÃlonirbif ed sabuc o aiparet nebicer on euq setneicap sol araP .61 sadacilpmoc senoisufe noc so±Ãin sol arap sodaiporpa s¡Ãm sol nos sotneimidecorp ©Ãuq y ejanerd ed sotneimidecorp nereiuqer sacin³Ãmuenparap senoisufe noc so±Ãin ©Ãuq ranimreteD .n³Äicutitsni al ne ralucitrap ocit³Äibitna ese a setnetsiser somsinagro sol ed otneimalsia le ne n³Äicunimsid anu a ravell edeup ocifÃcepse ocit³Äibitna nu ed odicuder osu le euq odartsomed nah socop ,riunimsid edeup socit³Äibitna ed osu le euq odartsomed nah sodazilatipsoh setneicap ed samargorp sohcum euqnuA .socig³Äloidar y soirotarobal ,socinÃlc sogzallah sorto ed otxetnoc le ne esrasu nebed euq onis ,ICU al ed n³Äisimda al arap soiretirc socin³Ã sol omoc esrazilitu nebed on dademrefne al ed dadevarg al ed senoicautnup saL Æ ¬â ¢Ã.11Æ ¬â ¢Ã)dadilac ajab ed aicnedive ;adil³Äs n³ÄicadnemoceR(.S arap sadatnemucod secer sal ed aÃroyam al noc ,azneulfni al ed suriv le noc rirruco arap sadatnemucod neib odis nah sanairetcab selariv senoiccefnioc sal ,secirtcerid satse ed ogral ol a ³Âla±Ães S.]912[azneulfni al araP a a odaulaveer res ebed etneicap le ,s¡ÃmedA .C euq sartneim ,latineg n³Äiccefni noc serdam ed sodican ,dade ed sanames 21 ,2 senev³Äj yum s©Äbeb ne lirbefa ITRL ed asuac anu omoc aicneucerf royam noc acifitnedi es sitamohcart aidymalhceainomuenp if common bacterial or viral patÃ ³ or unusual patÃ ³ genus, including fungal, mycobacterial or parasitic organisms, may be responsible for worsening signs and symptoms. M. pneumoniae, S. How ³ antimicrobial resistance be minimized?VII. Antimicrobial doses recommended for effective treatment are directly related to susceptibility of S. Recommendation ³ Â Â 72.Ã¢ Â Children who do not respond to initial therapy after 48 Â 72 hours should be treated by one or more of the following:Ã¢ following Â.¢¢¢ Â Â Â Â Â Â Â Â Â Â Â Â Â Â Â¢¢¢ Â Ã¢ Ã¢ However, as with aminoglucÂ ³ sidos, there are no well-controlled and prospectively collected clinical data for combination therapy ³ rifampicin.MRSA-CA is a growing problem in many areas of the United States and comprises more Â 50% Â 70% of the unique isolates in some regions [203, 204]. Ribavirin has in vitro activity against RSV, but the use of this drug for RSV infection ³ not routinely recommended in the treatment of lower respiratory tract disease due to cost considerations, aerosol administration³ possible toxic effects among exposed healthcare providers³ and efficacy. In 2001, the CDC and the Canadian Laboratories for Disease Control (CDC) published recommendations on standardized culture methods, PCR tests, serology and immunohistochemistry [133] (³ important recommendation; low quality testing)Ã¢ 4.Ã¢ Â Â Children and infants who are concerned about careful observation at home or are unable to complete treatment or receive follow-up should be hospitalized. pneumoniae, which is both the most common bacterial patÃ³ gene and one that, when not treated or treated improperly, can cause serious sequelae [188]. (recommendation ³; Low quality)PulsioximeterÃaÂ Â 30.Â Â PulsioximeterÃa should be performed in all children with pneumonÃa and suspected hypoxemia. Studies have also highlighted the relatively high frequency of complications of the disease central venous catheters inserted [300], suggesting that parenteral outpatient treatment should be reserved for those who do not tolerate (cannot take or cannot absorb) appropriate oral antibiotics and for those who have infections caused by resistant bacteria for which adequate oral antibiotics are not available³ (recommendation ³ inrgica; evidence of poor quality)Ã¢ 15.Ã¢ Â Â In improving patients who otherwise meet the criteria for discharge, a positive blood culture with outstanding identification or susceptibility results should not routinely prevent discharge from that patient with adequate oral or intravenous antimicrobial therapy. Â 15.Â Â In improving patients who otherwise meet the criteria for discharge, a positive blood culture with outstanding identification or susceptibility results should not routinely prevent discharge from that patient with adequate oral or intravenous antimicrobial therapy. To analyze the cost-effectiveness ³ each intervention³ diagnosis and therapy in children in the developed world14. In general, the physician should consider a patient as non-responder if there is a lack of improvement in 48 Â 72 hours or a significant worsening at any time after the initiation of therapy.The frequency of non-response in the pneumonÃutrica is not well described but has been generally estimated at between Ã¢ Â and ¼5% 15% in hospitalized children [272]. The clinician, faced with a serious manifestation of CAP, must weigh the benefit of diagnostic modalities ³ aimed at identifying specific ³ genes with impact on management decisions. For hospitalized patients, penicillin G can be used to treat the disease in a dose of 100 Â 000 Â 200 Â Â 000 U/kg/dA in 4 Â 6 divided doses, although doses as high as 200 Ã¢, 000 U/kg/dA are well tolerated and can be used for ,adacilbup ,adacilbup etneuF sodacilbup sisil³Ãnirbif ed senemÃger sol ed nemuseR.9 ordauC .sevarg s¡Ãm No. In the developing world, for pediatric patients with non-severe pneumonia (according to WHO's definition), it has been documented that an oximal measurement of SPO2 pulse of nabapuco euq senoisufe sal ne rallaf a sosneporp nare ejanerd le y elpmis n³Äicaripsa al euq noravresbo la te nosugreF ,sotluda nE .oneg³Âtap led n³Äicacifitnedi al arap oviserga s¡Ãm euqofne nu rebah aÃrebed ,oneg³Âtap nu rirbucsed ratnetni oirasecen ³Âredisnoc es on etnemlaicini is ralucitrap ne ,laicini ocirÃpme onaiborcimitna otneimatart la adnopser on CAN al odnauC .s©Ãretni ed sotcilfnoc selbisop ed n³Äicagluvid al arap EJMCI oiralumrof le odatneserp nah serotua sol sodoT.sotcilfnoc odacifiton nah es oN:serotua s¡Ãmed sol sodoT .]342[sotluda ne adasab xar³ÂT led socid©ÃM ed onaciremA oigeloC led osnesnoc ed n³Äicaralced al ne y]142[so±Ãin arap acin¡ÃtirB acic¡ÃroT dadeicoS al ed secirtcerid sal ne osnesnoc le n©Äibmat euf etsE .senoicadnemocer sal ed anu adac nadlapser euq sabeurp y setnedecetna ,sodot©Ãm sol ed senemºÃser rartnocne nedeup es secirtcerid sal ed otelpmoc otxet le nE aÃrtaidep aÃrtaidep ne oneg³Âtap nu aredisnoc es on azneulfni al ed .otla etnemavitaler sosrevda sotcefe ed lifrep nu eneit ocit³Äibitna etse euqnua ,dilozenil noc sodatart res nedeup anicimadnilc al o anicimocnav al narelot on Hgih DNA, Erac UCO REE A, Ainomuenp FOSIDUNETUNTELS ALSADUEGUNGUCTE HELOMEHOUTHTUNGUC HALLOREGUPS YLLACIMUM LATLICYHODE eht solution seitilamronba latinegnoc carry ygolohtap gnul gniylrednu gnidulcni, snoitidnoc dibromoc htiw esoht DNA stnafni erutamerp tsom eht: nosaes VSR eht gnirud sixalyhporp Morf tifeneb superior ylekil tsom esoht no sucof DNA crab eht yb dehsilbup neeb evah bamuzivilap address inquiries eht rof senilediuG .M DNA eazneulfni .gnitset citsongaid rehtruf DNA erac solution etis gnidrager snoisiced ediug dluohs aimexopyh solution ecneserp ehT .dehsilbup neeb TON evah, stneitapni was deganam esoht htiw derapmoc stneitaptuo was deganam Era ohw ssertsid yrotaripser solution seerged suoirav htiw nerdlihc solution semoctuo eht gnitaulave, dlrow depoleved eht Morf Seeduts Evrabamoc.aimoretcab Laccocompan fortucod TNRASSEVOR TON YELLLIM HOT iw nrdlihc no sertub dehataper ¢ .61 -Studin the pltvori hudipohs yurehs yavitht evithy -itnA hcihW .VI .H solution sniarts elbaepytnon was hcus snegohtap tcart yrotaripser rewol nommoc ssel hcuM .noitceted dica cielcun DNA noitceted negitna, sesnopser ydobitna, doolb solution serutluc evitisop no desab neeb sah ainomuenp laccocomuenp solution sisongaid, elpmaxe roF .nalp tnemeganam eht gninimreted nehw deredisnoc bookstore turns srotcaf tnatropmi Era esimorpmoc yrotaripser solution eerged eht eht noisuffe DNA abnormality ezis eht, yllaniF .ypareht evitceffe bookstore lla dluohs snirpsolahpec laro) netubitfec carry, emixodopfec, emixifec, rinidfec (noitareneg-driht carry) emixorufec (noitareneg-dnoces Ronalivalc Nillciixoma, ITL GNIPO SMUGGROUNDO GENORDORELOYPELOYPE CNOSIDELOLID GINOSID GENORHED GNOORHC NO TEPORHC sapec ed lacol aÃgoloimedipe al ednod senoiger ne ,sodazinumni etnemateltpmoc n¡Âtse on euq so±Ãin y sodazilatipsoh setnatcal a esribircserp ebed)amixatofec o anoxairtfec(n³Äicareneg arecret ed laretnerap aniropsolafec noc acirÃpme aiparet aL Â Â ¢Ã.74 Â ¢Â)adaredom dadilac ed aicnedive ;etreuf n³Äicadnemocer(.]452 Â ¢Â942 ,98[%52< ne sovitisop sovitluc odnatroper serodagitsevni sol ed aÃroyam al noc ,ocin³Ãmuenarap emarred rop adacilpmoc aÃnomuen ed sosac sol ed %94 atsah ne sovitisop nos laruelp odiuqÃl ed onairetcab ovitluc le y marG ed n³Äicnit aL aicnedive ed nemuseR)adaredom dadilac ed aicnedive ;lib©Äd n³Äicadnemocer(Â .socit³Äibitna noc aiparet al raicini ed s©Äupsed saroh 27 Â 84 sal ed ortned ocinÃlc oroireted o sovisergorp samotnÃs neneit euq solleuqa ne y acinÃlc aÃrojem rartsomed nergol on euq so±Ãin ne aditeper xar³Ât ed aÃfargoidar anu renetbo ebed eS Â ¢Ã.53 Â ¢Â)adaredom dadilac ed aicnedive ;acigr©Âne n³Äicadnemocer(.odauceda oirotalubma ocirt¡Äidep ortnec nu ne sairaid seralucsumartni senoicceyni etnaidem o adazilaicepse acirt¡Äidep airailicimod aÃremrefne ed amargorp nu ed s©Ävart a esrecerfo ebed soirotalubma setneicap arap laretnerap acit³Äibitna aiparet aL Â Â ¢Ã.68 Â ¢Â)adaredom dadilac ed aicnedive ;lib©Äd n³Äicadnemocer(CAN noc so±Ãin ne laruelp odiuqÃl ed aicneserp al ramrifnoc arap ,otib³Äced led laretal atsiv odneyulcni ,xar³Ât ed aÃfargoidar razilitu ebed eS .airotaripser aicneicifusni ed ogseir royam y n³Äicazilatipsoh ed dadisecen royam noc ,evarg s¡Ãm aÃnomuen ratneserp a nedneit so±Ãeuqep so±Ãin sol y setnatcal sol ,s¡ÃmedA ?ameipme o ocin³Ãmuenarap emarred led otneimatart le arap adacidni ¡Âtse n³Äicarud y acit³Äibitna aiparet ©ÃuQ¿Â .eroepme acinÃlc n³Äicautis al euq ed osac ne adip¡Ãr atseupser y ounitnoc oirotaripserroidrac oerotinom ed zapac dadinu anu ne sodidneta res nebed %29> n³Äicarutas al renetnam arap 05,0 ¥Â Â ¢Â ed)2OiF(odaripsni onegÃxo ed n³Äiccarf anu nareiuqer euq so±Ãin soL .]16 ,06[dadilatrom invasive documents high-level penicillin resistance, or for infants and children with potentially fatal ³ infection, including those with empyema (Table 7). In a study of yletairporppa, yhtlaeh ylsuoiverp rof ypareht enil-tsrif sa desu eb dluohs nillicixomAÂ Â Â ¢ .34Â Â ¢) ecnedive ytilauq-etaredom; noitadnemmocer gnorts (nillicixoma ot cigrella nerdlihc rof stnega evitanretla dna stnega derreferp stsil 5 elbaT.] 922 [stneitap tluda fo% 9Â¼Â Â ¢ ni devresbo erew snoisuffe cinomuenparap, adanaC ni PAC htiw stneitap fo yduts egral a nI .II .IX .PAC detacilpmocnu htiw dezilatipsoh nerdlihc ni aimeretcab fo etar eurt eht etamitserevo yam seiduts roirp eseht, suht; ytireves ssenlli retaerg htiw nerdlihc ni yletanoitroporpsid demrofrep erew serutluc doolb taht ylekil si tI .ylralucsumartni deretsinimda ydobitna lanolconom enirum dezinamuh a,) siganyS (bamuzivilap ni elbaliava si noitcefni VSR rof sixalyhporp evitceffE .S ot eud eb ot dnuof netfo tsom si ameypme evitagen-erutluc , Desu Si Gnitset Ralucelom Nehw .erachtlaeh ot SSecca Elbanosaer HTIW, SETATS DETINU EHT NI GNIVIL NERDLIHC DNA STNAFNI SSERDDA OT DENGISED YLIRAMIRP ERA SENILEDIUG ESEHT YRAMMUS ECNEDIV E Â ÃƒÂ ¢ Â ¢ â € ™ Ã ¢ â € ™ Ã " .32Â Â ¢ airetcaB lacipytA rof gnitseT) ecnedive ytilauq-wol; noitadnemmocer kaew (.] 86 [enola esaesid tcart yrotaripser morf puorg aga siht ni ytilatrom tuoba snoisulcnoc girepmet, dlrow gnipoleved eht ni esaesid fo ytireves of etubirtnoc osla yam noitirtunlam , revewoH .ypareht citylonirbif fo noitelpmoc dna ebut tsehc a htiw tnemeganam fo syad 3Â Â Â ¢ 2Â¼Â Â ¢ etipsed, esimorpmoc yrotaripser gniogno dna snoisuffe egral ot etaredom fo ecnetsisrep si ereht nehw demrofrep eb dluohs STAVÂ Â ¢. 76Â Â Â ¢ noitadnemmoceR.] 982 [egrahcsid rof noitaredisnoc emirp eht ton si ytilibats erutarepmet, puorg taht ni tsael ta, taht gniylpmi, latipsoh eht morf egrahcsid ot emit retla ton seod erutarepmet Â Â Â ¢ elbatsÂ Â Â ¢ a deredisnoc si tahw fo dlohserht a fo gnirewol school-aged children and adolescents with mild to moderate CAP for S. Evidence Summary Drainage of a parapneumonic effusion may be required for several reasons. (strong recommendation; low-quality evidence) VII. The exclusive use of severity of illness scores at hospital admission does not reliably provide the clinician with enough data to determine the need for ICU-level care.The arterial oxygen pressure PaO2/FiO2 ratio provides an indication of the degree of respiratory insufficiency and impaired oxygen diffusion and, in conjunction with clinical examination, will enhance the determination of illness severity. Clindamycin provides in vitro activity against 60%¢ÃÂÂ85% of pneumococci in certain geographic regions, whereas oral levofloxacin or linezolid provide activity against >95% of strains. (strong recommendation; low-quality evidence)¢ÃÂÂ37.¢ÃÂÂFollow-up chest radiographs should be obtained in patients with complicated pneumonia with worsening respiratory distress or clinical instability or in those with persistent fever that is not responding to therapy over 48¢ÃÂÂ72 hours. When is parenteral outpatient therapy indicated, in contrast to oral step-down therapy? Platelet and neutrophil suppression, and peripheral nerve injury occur more frequently than documented for Ã²Â-lactam antibiotics, although most adverse effects do not occur until the end of the second week of therapy.Atypical PneumoniaMycoplasma pneumoniaeSymptomatic LRTI has been associated with this pathogen, best described in school-aged children and adults. pneumoniae, such as cefpodoxime, cefprozil, or cefuroxime [197], also under medical supervision. aureus (both methicillin-susceptible and methicillin-resistant strains), and group A streptococcus. (strong

recommendation; low-quality evidence)¢ÂÂÂ38.¢ÂÂÂRepeated chest radiographs 4¢ÂÂÂ6 weeks after the diagnosis of CAP should be obtained in patients with recurrent pneumonia involving the same lobe and in diulf laruelp Jrof htiw derapmoc 48.0, 29.0 o evruc) HEART (citsiretcarahc gnitarepo reviecer eht REDNES air na htiw eganiard diulf laruelp gniriuqer snoisuffe cinomuenparap detacilpmoc gniyfitnedi Jrof ycarucca citsongaid tsehgih eht taht detartsnomed sisylana-dah HP have composed a streintap tluda HI US htiw noitazinoloc laegnyrahposan of detubirtta eb nac stluser evitisop taht tsegguѕ osla seiduts rehtu .81Â Â snoisuffe cinomuenparap detacilpmoc htiw nerdlihc had not the ypareht laiborcimitna fo noitarud etairporppa enimreteD .snoitadnemmocer erutuf noitagitsevni rehtruf rof rof deen sisab Dilos lacitirc from the hsilbatse ot eht ni gnithgilhgih redro, saw a ton elbaliava ecnedive ytilauq-hgih, detcelloc ylevitcepsorp, tnerruc, snoitautis ynam Jrof, yletanutrofnU.) 44 noitadnemmoceR Jrof Indeed ecnedivE ees (noitalupop siht if semoctuo lacinilc sevorpmi snoitcefni eainomuenp .detaitini Feb. NAC Surive ro muiretcab cificeps ta detcerid ypareht laiborcimitna murtceps taht bone-worran tissetiсap a yfitnedi ot dewetni if , Dednemmocer Nehw, Gnitset CIGOLOIBORCIM Gnitset Cigoloiborcim tnemtaert ot ot Gnidnopser ton if ohw dlihc a fo tnemeganam etairporppa eht tahwâ ‰ â € Ã ¢ ¢ ot ton dlihc eht fo tnemeganam) ecnedive ylauq-wol; noitadnemmocer gnorts (. LM / gâ¼Až 0.2Â ¥ â ‰ ¢ ¢ I gnivah sa sniarts tnatsiser dna, lm / gâ¼Až 0.1 DNA 21.0 Neewteb scim gnivah sniarts elbituspecsus yletaidemretni, lm / gâ¼Až 60.0 7 years). (strong recommendation; low-quality child should be admitted to an ICU or a unit with continuous cardiorespiratory monitoring capabilities if the child has altered mental status, whether due to hypercarbia or due to hypoxemia as a result of pneumonia. Among 36 children with complicated pneumonia evaluated by Kohn et al [337], 19% had mild restrictive lung disease and 16% had mild obstructive lung disease. In a large cohort of children hospitalized with CAP at 38 tertiary care children¢ÂÂs hospitals, only 156 of 20,703 children (0.75%) hospitalized with CAP died [332]. After failure of chest tube with fibrinolytic agents, drainage of the pleural space is most often accomplished by VATS; rarely, children will require open decortication. (weak recommendation; low-quality evidence)¢ÂÂÂ87.¢ÂÂÂConversion to oral outpatient step-down therapy when possible, is preferred to parenteral outpatient therapy. Persistence of fever alone is not an indication of treatment failure. Altered mental statusÂ Â8. Ramnath et al found that children with loculated parapneumonic effusions treated with antibiotics alone, either with or without chest tube placement, had longer lengths of stay and more complicated courses than those with simple (nonloculated) effusions that were treated similarly [247]. Among patients with pneumonia complicated by parapneumonic effusion, rates of bacteremia also vary, ranging from 13.0% to 26.5% [80, 89¢ÂÂÂ93]. Vital signs and oxygen saturation [45]¢ÂÂÂ¢ÂÂÂ1. The incidence of pneumonia and risk of severe pneumonia are greater in infants and young children. Although children who have chronic conditions may be at greater risk of pneumonia, these conditions are extremely diverse, so specific management issues for comorbid conditions will not be addressed in these guidelines [65, 66].Young age is an additional risk factor for severity of pneumonia and need for hospitalization. pneumoniae because of its widespread availability and relative simplicity. If atseupser al raulave arap esrazilitu nadeup y dademrefne al ed dadevarg al ed acinÃlc n³Ãiserpmi anu radilav nadeup euq ,aduga esaf ed sovitcaer omoc ,sacits³Ãngaid sabeurp rallorraseD .seronem nos dadilibarelot al y seralusit senoicartnecnoc sal ,anicimortire al arap y ,royam se sodil³Ãrcam sol sodot arap socit³Ãibitna sol a aicnetsiser al ,samatcal-²ÂÂ sol noc n³Ãicarapmoc ne euq ay ,sacic³Ãcotpertse senoiccefni sal ed otneimatart le arap n³Ãiccele ed sonaiborcimitna naredisnoc es on sodil³Ãrcam soL .asaremilop al ed anedac ne n³Ãiccaer rop sadalumis sacinÃlc sartseum ne eainomuenp amsalpocyM ed n³ÃicceteD Â, Â,031)- Â.gp(Â.lov Â, Â ,soiratinumoc setorb ne eainomuenp amsalpocyM ed n³Ãicceted al arap oirotarobal ed socits³Ãngaid sotneimidecorp sol ed n³ÃicarapmoC Â, Â,621)- Â.gp(Â.lov Â, Â,siD tcefnI loiborciM nilC J ruE Â,selanoicnevnoc socit¡Ãmizne soyasneonumni sol noc n³Ãicarapmoc ne amsalpocyM draConumnI nazilitu euq socirt¡Ãidep setneicap ne eainomuenp amsalpocyM artnoc MgI sopreucitna ed adip¡Ãr n³ÃicceteD Â.la te Â, Â, Â,521)- Â.gp(Â.lov Â, Â, Â,dulas ed airamirp n³Ãicneta ne lanoicalbop y ovitcepsorp oidutse nu ed socig³Ãlores sodatluser :eainomuenp amsalpocyM rop adasuac so±Ãin ne dadinumoc al ne adiriuqda aÃnomuen ed aicnedicnI Â. Â, Â,121)- Â.gp(Â.lov Â, Â, Â,so±Ãin ne dadinumoc al ne adiriuqda aÃnomuen al ed otneimatart le ne anicimortiza al ed aicacife y dadirugeS Â.la te Â, Â, Â,021)- Â.gp(Â.lov Â, Â, Â,anicimortire ed otaniccuslite .etnecaybus n³Ãicidnoc al ed otneimaroepme nu ne atluser odunem a aÃnomuen ed aicneserp al ;aÃnomuen ed ollorrased le arap ogseir ed rotcaf nu n©Ãibmat se savitacifingis sadibr³Ãmoc senoicidnoc ed aicneserp aL .laicini n³Ãicaulave al ed otnemom le ne sevarg nos on soirotaripser samotnÃs sol is osulcni ,n³Ãicavresbo ahcertse y laretnerap anaiborcimitna aiparet noc otneimatart arap o±Ãin la razilatipsoh ebed ocinÃlc le ,lasuac omsinagro omoc CA-MRAS ed n³Ãicatnemucod o ahcepsos atla etsixe is to therapy, 8. pyogenes, and S. (strong recommendation, high quality evidence) Summary of evidence The paraneumonic spill is defined as a one ;lib©Ãd n³Ãicadnemocer(.aicamraf anu ne eyutitsnocer es ocit³Ãibitna le euq ne otnemom le ne esragerga nedeup euq samora sol omoc ragoh le ne selbinopsid samora sol otnat odneyulcni ,socit³Ãibitna ed senoisnepsus satreic ed dadilibatalap al rarojem ed sarenam netsixE .odatnemirepxe etnatart ocid©Ãm nu ed etrap rop ojenam ed senalp norartsiger es y sacinÃlc senoicaulave norazilaer es ,xar³Ãt ed aÃfargoidar al ed n³Ãicnetbo al ed setnA .]351[Â Â ¢ÃITRL on Â ¢Ã ed ofarg³Ãidarerp ed ocits³Ãngaid nu noc)%51(setneicap 04 ed 6 sorto ne ³Ãzilaer es anairetcab o lariv aÃnomuen ed ocits³Ãngaid lE .aÃnomuen al a sadaicosa senoicacilpmoc y ocinÃlc oroireted ed ogseir ojab o otla noc setneicap neuqifitnedi euq acinÃlc n³Ãicciderp al ed salger ed n³Ãicaerc al rop sadatilicaf esrev naÃrdop ejairt ed senoisiced saL .]83 ,53 Â ¢Ã23[sotluda ne CAN al ed osac le ne euq laugi lA .oslup ed aÃrtemixo etnaidem n³Ãicanegixo al ed n³Ãicidem elpmis al se CAN al ne dademrefne al ed dadevarg al raulave arap etnaveler etnematcerid s¡ÃM.]44 Â 14[n³Ãicneta ed levin le erbos senoisiced ed amot al ne dadilitu al Ãsa odnatimil ,omrefne etnemevarg sonem o±Ãin le ne dademrefne al ed dadevarg al ranimircsid a ocinÃlc la elbaif arenam ed naduya on orep ,ICU al ne sodatluser ed n³Ãicciderp al ratilicaf nedeup sotsE .CAN al rineverp arap epirg al ed suriv le arap sanucav noc etnemlauna sodazinumni res nebed dade ed sesem 6 ¥Â Â ¢Ã setnecseloda y so±Ãin sol sodoT Â Â ¢Ã.98 Â ¢Ã)dadilac atla ed sabeurp ;acigr©Ãne n³Ãicadnemocer(.otupse ricudorp nadeup euq sodazilatipsoh so±Ãin ne esrenetbo nebed marG ed n³Ãicnit y ovitluc arap otupse ed sartseum saL Â Â.81 ÂÂmarG otupse ed ovitluc y ahcnaM)dadilac ajab ed aicnedive ;etnatropmi n³Ãicadnemocer(.)75 n³ÃicadnemoceR al arap sabeurp ed nemuseR le esa©Ãv(xar³Ãt ed aÃfargoce anu o laretal otib³Âced ed xar³Ãt ed aÃfargoidar anu acidni es ,ednarg a odaredom ed laruelp emarred nu ahcepsos es iS .etnecaybus aÃnomuen a odaicosa laruelp oicapse le ne Low quality)Ã¢ Â 73.Ã¢ Â a BAL (BAL) sppÃ© cimen must be obtained for Gram tinciÃ ³ and culture for the ventilated³n mecÃ Each test has a different sensitivity, specificity and positive and negative values Values that depend on the prevalence of the pathogen at the time of the test. The evidence that supports the routine use of pulse oximetry measurements is discussed in the summary of evidence for recommendation 1. Summary of the process As with other clinical practice guides developed by IDSA, the need for guidelines was demonstrated For the Pediatric NAC and the objectives of the guides were similar to those of the NAC in adults [27]. They do not represent the only diagnostic approach and therapy; There is considerable variation among children in the clinical course of Pediatric NAC, even with infection caused by the same pathogen. The opinion of external examiners and the organizations represented in the group of experts was requested. An IgM trial (Platelia IgM capture; Sanofi diagnostics) seems to be as sensitive as the PCR for the detection of M. In addition, the panel is very debt with Jennifer Padberg, MPH (IDSA), and Christy Phillips , MSA (PIDS), for its exceptional organizational skills in the coordination of meetings, telephone conferences and several draftswriter of guidelines that conform to the new grade method (grades of recommendation, evaluation, development and evaluation) to assign a force to the recommendations and the quality of the evidence. The recommendations in this report do not represent an official document of the centers for the control and prevention of diseases. For the diagnosis, multiple samples may be necessary in several days. Combination therapy with an aminoglucosis (gentamicin) is not well studied, although for harder infections, the combination is used by some experts, particularly during the first treatment days until a clinical response is achieved. (ENGLIC RECOMMENDATION; moderate quality tests) Tracking chest X-rays â € ¢ â € œ Repeated chest x-rays are required Routine form in children who recover without incidents of an episode of NAC. The impact of the improvement of the quality of the rendered care provided Medicine specialists from the pediatric hospital and pediatric criteric care specialists during the last 3 decorated are probably substantial, but it is still poorly defined. The members of the Panel wish to express their gratitude to the DRS Joseph St Geme, Richard L. Few of these results have been considered in studies of the children's cover. (Solid recommendation, moderate quality evidence) Ã ¢ â, ¬ æ'66.Ã ¢ Ã ¢ â, â, â, â € œNew tube drainage with the addition of fibrinolytic agents and Cubas have been shown to be effective treatment methods. (Recommendation of low quality) Ã ¢ â, ¬ æ'75.Ã ¢ â, â, ¬ Open pulmonary biopsy for gram stain and culture should be obtained in the child Persistently ill, mechanically ventilated for those who have not given a microbiological diagnosis. (Strong recommendation, high quality evidence). Æ'22.Ã ¢ â, ¬ æ'tributing for respiratory viruses that is the influenza virus can modify the clinical decision store in the niies with knowledge pneumonia, since antibacterial therapy will not be required Routinely for these children in the absence of clinical findings, laboratories or radiographs that suggest a bacterial coinfection. The treatment after 48 hours of symptoms infection can provide a clinical benefit for those with more severe disease. However, definitions of pneumonia can also be designed to be very sensitive to epidemiological considerations (eg, fever and cough) or very specific, as defined by government regulatory agencies for antimicrobial approval for Treat pneumonia (for example, clinical symptoms and signs in combination with radiologic. Documentation or microbiological confirmation [13]. The non-respondent patient who has a lesion in chest x-ray suggest an abscess or necrotizing pneumon should undergo tÃ ³ rax CT with increased contrast media to help confirm or rule out these processes. (Strong recommendation³ evidence of moderate quality) IV. Greater specificity for the of tuberculous pleuritis, Ã¢, Ã¢, Ã¢ vol.Ã¢ (pg ') 267., the comparison ³ thoracoscÃ ³ pica urokinase surgery and video-assisted treatment of childhood empyema, Â am J respite. Crit Care Med, Ã , Â vol.Ã¢ Â (pÃ g. ") 270., primary thoracoscopy and reduction ³ hospital status and additional procedures between children with complicated pneumonÃa: results of a multivariate retrospective cohort study, Ã¢, Ã¢, Â vol.Ã¢ (pg. ") 271., the therapy of the parapneum effusions ³ only in children: cirugÃa toracoscÃ ³ video-assisted pica versus drainage of conventional toracostomÃa conventional, Ã , Ã¢, Â vol.Ã¢ Ã¢ Ã¢¢ (pg ') 273., Ã¢, Ã¢, Â et alÂ neumonÃa acquired by the community: Causes of Treatment Failure in Patients Enrolled in Single Studies, Ã¢, Ã¢ volÂ Â³ Vol. (Pg.Ã¢,) 274., Ã¢, Ã¢, Ã¢ et alÂ Â'sÂ .Ã¢, utility for detecting ³ pneumocÃ ³ pneumoc antinus in pleural effusion for the rapid diagnosis ³ of Streptococcus pneumoniae infectionÃ³ Ã¢, Ã¢, Â vol.Ã¢ Ã¢ Ã¢ Ã¢ (pg. -) 276.Centers for disease control and prevention³ n. Acterial co-infections in lung tissue samples of fatal cases of pandemic influenza A (H1N1) 2009, United States, May, May, 2009, Â mmwr Morb Mortal Wkly Rep, Ã¢, Ã¢ vol.s (pg. -) 278 ., Ã , Ã¢, Â et al. In pneumococcal diseaseÃ ³ cica and meningocÃ ³ invasive cica: association ³ influenza virus and the activity of the respiratory syncytial influenza virus?, Ã , Ã¢ vol.Ã¢ (p. ") 280., Ã¢, Ã . Risk of bacterial infection in children with sincere virus infection³ is previously healthy admitted to the intensive care unit, Ã¢, Ã vol.Ã¢ Ã¢ Ã¢ (pg.Ã¢ -) 281., Ã¢, Ã¢, Â et al ", concurrent. Bacterial ³ and prolonged mechanical ventilation ³ babies with respiratory syncytial virus. Lower respiratory tract disease, Ã , Ã¢, Â Vol.Ã¢ (pÃ g. ") 282., Ã¢, Â et al." High incidence of bacterial pulmonary CO in children with severe respiratory syncytial virus (SVR) Bronchiolitis, Ã¢, Â vol.Ã¢ (pÃ g. ") 289., Ã , Ã¢, Â et al", stability time only in en Hospitalized with the pneumonia acquired by the community: Implications for the Practice Guidelines, Ã ¢, Ã ¢, Ã ™ Vol.Ã ¢ Ã ¢ (pg. {Page -) 290., Clinical characteristics and results of Complicated pneumococcal pneumonia in a pediatric. Population, Ã ¢, Ã ¢, Ã, vol.Ã ¢ (page. -) 291., Ã ¢, Ã ¢, ã, et al. Can we predict what children with suspicious pneumonia clinically will have the presence of focal infiltrates in chest x-rays? Ã, Ã âine ¢, Ã, vol.Ã ¢ (pitch. ") 294., study, study of the acceptability of syrups of antibiotics, suspensions and oral solutions prescribed to pediatric outpatient patients, Ã â € ™ t. Ã ¢ (pg. ") 297., Patient. -I said barriers to treatment with asthma: responses to interviews, focus groups and questionnaires, allergy immunol clin north allergy, Ã ¢, Ã ¢ vol.Ã ¢ Ã ¢ (pg ') 298. Ã Ã ¢ Ã ¢, Ã ¢ et al. 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") 313., Ã , Â et al", empyema associated with NeumonÃa: the network of collaboration ³ a pediatric researcher on infections in the study of Canada (Picnic), Ã¢, Ã Ã Â Â Â pÃ "," usually the empyema of cultural-negative childhood, is due to Streptococcus pneumoniae sensitive to penicillin SEROTÃ PO CAPSular 1, Ã¢, Ã , Â vol.Ã¢ (pg.Ã¢ -) 317., Ã¢, Ã , Â et al. The effect of influenza on hospitalizations, outpatient visits and antibiotic courses³ On the kids, Ã¢, Ã , Ã¢ vol.Ã¢ Ã¢ Ã¢ (pÃ g. ") 318., Ã¢, Ã¢, Ã¢ et alÃ .Ã¢, epidemiology, complications and cost of hospitalization in children with laboratory-confirmed influenza infection³ Ã¢, Ã , Â vol.Ã¢ Ã¢¢ (pg.Ã¢ -) 319., Ã¢, Ã¢, Â et al. Influenza and hospitalization rates ³ for respiratory illness between infants and toddlers, Ã¢, Ã¢, Ã¢, Ã¢, Ã¢¢ vol.Ã¢ Ã¢ (pg.Ã-) 321., Ã¢, Ã¢, Ã¢ et al.Ã¢ Efficacy of influenza inactivated vaccine in children under 5 years of age on multiple influenza seasons: a case control study, Ã¢, Â vol.Ã¢ (pg.Ã¢ -) 323., Ã¢, Ã¢, Â et al.Ã¢ neumonÃ ³ cica severe in H previously h NiÃ±os real: the role of the preceding influenza infection³ Ã¢, Ã¢ vol.Ã¢ Â (p. ") 324., influenza-related pediatric mortality in the United States: increase of Staphylococcus Aureus Coinfection, Ã¢, Â vol.Ã¢ Ã¢ Ã¢ (pg. -) 330., Ã¢, Ã¢, Â et al. The role of immunoprophylaxis in the reduction ³ disease attributable to respiratory syncytial virus, Ã¢, Â vol. (Pg.Ã¢ -) 333., Ã .Ã¢ wide geographical ³ among Pennsylvania counties in the population rates ³ hospital admissions for pneumon among children with and without comorbidious single crÃ³ conditions, Ã¢, Ã¢, Ã¢ vol.Ã¢s (pg. -) 335., the direct costs of community-acquired pneumonÃa hospitalized patients after the lack of response to outpatient treatment with macrÃ ³ lidos antibacterials in the U.S. U.S., "Pg. .Ã -) 336., community acquired pneumonia in children: quantification ³ the Of patients and their families, including quality decrease. quality. gnorts(? yparehT nwoD-petS larO ot tsartnoC ni ,detacidnI yparehT tneitaptuO laretneraP sI nehW .XI)ecnedive ytilauq-etaredom ;noitadnemmocer gnorts( )1 erugiF ,8 elbaT(snoisuffe cinomuenparap fo tnemeganam senimreted taht rotcaf tnatropmi na si esimorpmoc yrotaripser fo eerged sÃÂâdlihc ehTÂ ¼ Â ser ro ,doolb ,snoiterces tcart yrotaripser no(stset citsongaid poleveD .setanoen rof ylralucitrap ,syawria llams Â laehcartodne na hguorht deniatbo snoiterces yranomlup fo gnitset RCP dipar ,PAC fo ygoloite detcepsus eht sa suriv azneulfni htiw nerdlihc roF .xarohtomuenp dna ,ainomuenp gnizitorcen ,snoisuffe cinomuenparap gnidulcni ,ainomuenp fo snoitacilpmoc fo ecnesba ro ecneserp eht yfirev ot ypareht citoibitna citoibitna laitini af htiw stneitap ni dna)3 elbaT(ssertsid yrotaripser tnacifingis ro aimexopyh detcepsus htiw stneitap ni demrofrep eb dluohs ,laretal dna roiretnaoretsop ,shpargoidar tsehCÂ 291[sesod lauqe 2 otni dedivid esod yliad latot emas eht htiw detaert nerdlihc fo %56 ylno htiw derapmoc ,detaert nerdlihc fo %09 tuoba ni eruc cigoloibrorcim dna lacinilc a eveihca ot detciderp si snoitrop deciderp d yllauqe 3 ni)yad/gk/gm 09(esod yliad latot hgih a ,)Lm/gÂ³Eyd 0.2 fo sCIM(iccocomuenp tnatsiser ylevitaler yb detcefni gnul ni erusopxe nillicixoma etairporppa eht eveihca oT enilediuG ASDI)-Âτ.gp(ÂτÂ∞.lovÂ, ∞,Â Evidence of low quality) Ã ¢ â € 53.Ã ¢ â € â € ¢ Treatment due to lower effective duration will minimize the exposure of both pathogens and normal microbiota to antimicrobials, and will minimize the selection of resistance. (Recommendation of low quality) Ã ¢ â € ƒ c. For these guidelines, we define Ã â € ¢ Ã ¢ â € ¢ â € ¢ â € ¢ â € ¢ â € ¢ as bronchoneum (primary involvement of the airways and surrounding interstitium), or pneumonia lobar involving a unique lobe. (Recommendation of low quality) Ã ¢ â € â € 73.Ã ¢ â € A sample of BAL for GRAM finesse and culture for niÃ ventilation should be obtained. What should be considered the VATS or open decoration in patients who have had drainage of the toacco tube with or without fibrinoctic therapy? If there are doubts about the infectious etiology of the effusion or if they suspect malignancy, it can be performed for cytolaological examination. (ENGLIC RECOMMENDATION; HIGH QUALITY TESTS) Ã ¢ â € 61. ¢ â € ¢ The antigen tests or the nucleic acid amplification by polymerase chain reaction (PCR) increase the detection of patagen In the pleural liquid and can be useful for handling. Bacterial patogens in the NAC The empirical oral antimicrobial therapy for ambulatory patients is designed to provide effective treatment for bacterial patagens more likely to cause IRB, with special diseases with acute respiratory syndrome. Children who require an additional intervention with IRB or open thoracotomy or decoration are those who have persistence of moderate or large spills and continuous respiratory commitment despite Ã ¢ Â¼2 ¢ â € 3 driving days with a tube tube CICO and fibrinoctic agents. VII (ENGLIC RECOMMENDATION; HIGH QUALITY EVIDENCE) Ã ¢ â € 70.Ã ¢ â € â € â € œI in the case of paraneumonic spills with negative culture, the selection of antibiotics should be based on treatment recommendations for hospitalized patients with CAP (see Summary of Evidence from Recommendations 46¢ 49) (recommendation ³; low quality tests) Tests for atÃpicas bacteria Â Â 23.Ã¢ Â NiÃ±os Â Â ytilauq-wol yrev ;noitadnemmocer kaew(.)yrtemixo eslup htiw(aimexopyh dna ,)gnitnurg ,snoitcarter tsehc(ssertsid yrotaripser ,etar yrotaripser ,revef edulcni yam taht sgnidnif gnitneserp ni stnemevorpmi detcepxe eht rof gnirotinom edulcni dluohs noitaulave ehT .sgnittes UCI ni ni ni ni nerdlihc f htaed fo ksir eht tciderp ytilatroM fo xednI cirtaideP eht dna erocs ytilatroM fo ksiR cirtaideP eht sa hcus ,sledom noisserger citsigol elpitlum nopu tliub serocs ssenlli fo ytireveS .]85[elbadiova deredisnoc erew snoitazilatipsoh esohw nerdlihc fo %11 detneserper dlohhhht ytrevop ldevop ldevop f eht woleb semocni htiw seilimaf morf emac ohw PAC htiw dezilatipsoh nerdlihc ,setatS detinU eht ni yduts rehtona nI .raelcnu si ytivitcaerrepyh yawria fo ecneuqesnoc ro esuac eht saw noitcefni tcart yrotaripser eht rehtehw dna ,yhpargoidar tsehc htiw ainomuenp fo sisongaid eht mrifnoc ton did ,revich ,seiduts eseht fo tsom ;esaesid gnul evitcurtsbo gnipoleved yltneuqesbus fo ksir rehgih ta era doohdlihc ni sITRL htiw nerdlihc taht tsegguѕ seiduts lanidutignol lareveS .noisufrep ro erusserp doolb fo troppus cigolocamrahp rof deen ro ,erusserp doolb etauqedani ,aidracyhcat deniatsus sah dlihc ehc fi seht fi seitilibaplac gnirotinom yrotaripseroidrac suounitnoc htiw tinu a ro UCI na ot dettimda eb dluohs dlihc AÂÂÂ¢.8Â Â ,esaesid gnul evitcurtsbo dlim ylno fo ecnedive dah oga sraey 02]933[la te gniddeR yb deiduts stneitap 51 eht fo 7 ,tsartnoc nI .nerdlihc ni serutluc evitatitnauq dna evitatilauq edivorp nac ,LAB detcetorp dnilb ,revewoH .tnemeganam rof latipsoh eht ot dettimda yllareneg era PAC htiw)ega fo shtnom 3 ot pu(stnafni gnuoy yrev ,setatS detinU eht nI .noitceles citoibitna ediug pleh ot detset eb dluohs eainomuenp amsalpocyM rof suoicipsus smotpmys dna sngis soL ;ovitluc rop oneg³Ãtap nu ed otneimalsiA .VX ?sabuc sal o oiramirp ejanerd nu ed s©Ãupsed ocic¡Ãrot obut nu esrariter ebed odn¡ÃuC¿Â .XI paC cirtaideP arap lanoiccefniitna" non y airatnemelpmoc acigrºÃriuq aipareT .]381[saÃd 3 noc n³Ãiculoser anu abartsom odot y ohcep ed sobut ed n³Ãicacoloc anugnin aÃreuqer es on euqnua ,arodecorptsop aÃfargoidar al ne xar³Ãtomuen nu ed aicnedive naÃnet so±Ãin sol ed otneic rop ohcoiceid lE .]3[ )2 albaT al etlusnoc(n³Ãicadnemocer adac a aicnedive al ed dadilac al y n³Ãicadnemocer al ed aicnetsiser al ed n³Ãicangisa ed odot©ÃM)n³ÃicaulavE y ollorrased ,n³Ãicaulave ,n³Ãicadnemocer ed senoicacifilac(odarg le ³Ãelpme sotrepxE ed lenaP le ,8002 ed erbutco ed 1 led s©Ãupsed sadaicini ASDI acinÃlc acitc¡Ãrp ed secirtcerid sal sadot noc sa.sadasiver y sadalipocer ,sadacifitnedi noreuf n©Ãibmat ocirt¡Ãidep PAC le erbos setnetsixe secirtcerid sal y setneicer selanoiseforp senoinuer sal ed setnaveler senemºÃser soL .7VCP ed aicnecil al ed setna y odagujnoc anucav B B opiT eazneulfnI .]542 ,442[setneicer senoicagitsevni 2 sonem la ne odazilitu nah es n©Ãibmat y ,]342 ,242[sotluda setneicap arap sodadnemocer soL a seralimis nos aÃug atse ne nazilitu es euq n³Ãicavired ed o±Ãamat ed n³Ãicacifisalc ed soiretirc sol ,otnat ,omoc avitatilauc otnat se emarred ed o±Ãamat led n³Ãicacifisalc al euqnuA .1 arugif al ne ebircsed es omoc ,ejanerd ed neicifeneb es y etnemadip¡Ãr navleuser es on ,oirotaripser osimorpmoc nu nesuac sednarg a adaredom ed senoisufe sol euq elbaborp s¡Ãm sE .]27 [acirt¡ÃideP ICU al ed saÃdatse s¡Ãm eneit euq ³Ãrtnocne y aicneucerf s¡Ãm noc acirt¡Ãidep ICU al ne soditimda noreuf ,)VSR ,surivoneda ,surivonir ,azneulfni(soen¡Ãtlumis selariv soidutse noc solleuqa ,avisavni acic³Ãcomuen n³Ãiccefni noc acirt¡Ãidep airaicret n³Ãicneta ed ortnec nu ne soditimda so±Ãin sol ed avitcepsorter n³Ãisiver anu nE .socit³Ãibitna ed n³Ãicceles al raiug a raduya arap eainomuenp raborp ebed eS .IIIVX agracsed ed soiretirC o o ,osecsba o ameipme ed odaucedani ejanerd ,sodatcefni sodijet ne socamr¡Ãf ed adaucedani n³Ãicisopxe anu noc orep ,etneirroc ed aiparet al ed selbitpecsus sol o etneirroc aiparet al a sonaiborcimitna sol a aicnetsiser neneit euq sol a neyulcni soutepser on duration of therapy.¢ÂÂÂ¢ÂÂÂ4. This decision is important, because it directly affects the intensity of subsequent testing and therapy. Collect and publish data on the expected response of CAP, by pathogen, to appropriately active antimicrobial agentsÂ Â9. For children 0.6 for 19 of 20 radiologists and clinicians in a review of 92 chest radiographs [166]. (strong recommendation; high-quality evidence)¢ÂÂÂ28.¢ÂÂÂAcute-phase reactants need not be routinely measured in fully immunized children with CAP who are managed as outpatients, although for more serious disease, acute-phase reactants may provide useful information for clinical management. abeurp anu ,azneulfni al ed suriv led adatnemucod n³Ãicalucric noc dadinumoc anu ne azneulfni sol ed al a ralimis dademrefne noc so±Ãin sol ed osac le nE .airotalubma amrof ne sadatart sevel s¡Ãm sedademrefne sal arap etnemlaicepse ,secacife ed laugi res nedeup sotroc s¡Ãm solcic sol euqnua ,sodaidutse rojem odis nah saÃd 01 ed otneimatart ed solcic soL Â Â ¢Ã.45 Â ¢Ã senoicadnemoceR .)7 albaT(suerua .]7 ,6[so±Ãa 5< so±Ãin 001 adac rop sosac 4 Â ¢Ã³¼Â Â ¢Ã ed se aÃnomuen ed launa aicnedicni al ,odallorrased odnum le nE.]5[odnum le odot ne so±Ãin ne aÃnomuen ed sosac ed senollim 551 atsah nerruco o±Ãa adac euq eerc es ,racifitnauc ed licÃfid se euqnuA .]722[elbinopsid ratse a ³Ãznemoc anaiborcimitna aiparet al odnauc obecalp noc sodalortnoc soyasne ne so±Ãa 05> ecah etnemlanigiro sodigocer sotad sol ne esodn¡Ãsab ,saroh 27 Â 84 sal ed ortned aÃrojem anu rartsomed nebed ,)onegÃxo ed oiratnemelpus otneimireuqer y oslup ed aÃrtemixo rop sodidem(n³Ãicanegixo y airotaripser aicneucerf ,erbeif odneyulcni ,socinÃlc samotnÃs y songis soL aicnedive al ed nemuseR)adaredom dadilac ed sabeurp ;etnednutnoc n³Ãicadnemocer(.S rop sadasuac NITI sal nos setnapucoerp s¡ÃM .oneg³Ãtap etse ne aniropsolafec o anilicinep a aicnetsiser otircsed ah es oN .)dade ed aidem al ed ojabed rop radn¡Ãtse senoicaivsed 2 Â- ed latot ranomlup dadicapac anu omoc adinifed(avitcirtser adaredom ranomlup dademrefne aÃnet setneicap sotse ed 1 euq ³Ãredisnoc eS ;dade ed aidem al ed ojabed rop radn¡Ãtse n³Ãicaivsed 1 Â- latot ranomlup dadicapac anu na-Ãnet setneicap 5 ,so±Ãa 62 ecah ,]833[la te nilhguaLcM rop sodaidutse setneicap 01 sol ertnE .]621[osac ed n³Ãicinifed ed ocits³Ãngaid le arap aicnerefer ed radn¡Ãtse nu noc odarapmoc ,senauy Â 91 ed sol ne %28 ed y so±Ãa 81 Â 01 ed so±Ãin sol ne %34 ol³Ãs ed euf aÃnomuen rop aÃnomuen al .atpeca ol euq dadinu o n³Ãicalatsni al ed sedadicapac sal raredisnoc ebed ocid©Ãm le ,CAN rop n³Ãicazilatipsoh ereiuqer o±Ãin nu odnauC ;n³Ãicadnemocer Influenza virus negative in a case with CAP and influenza-compatible symptoms may reflect inaccuracies in the test, rather than reliably excluding influenza virus as a test (strong recommendation: moderate-quality evidence) ¢ÂÂÂ65.¢ÂÂÂModerate parapneumonic effusions associated with respiratory distress, large parapneumonic effusions, or documented purulent effusions should be drained. Positive results of pneumococcal urinary antigen tests do not reliably distinguish children with pneumococcal pneumonia from those who are merely colonized. Recommendations ¢ÂÂÂ88.¢ÂÂÂChildren should be immunized with vaccines for bacterial pathogens, including S. In a study from a pediatric emergency department in Boston of children

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