**Respiratory Tract Infection**

**Queensland Ambulance Service**

**Exclusion from transport to General Practice**

- Complete inability to mobilize independently
- Systemically unwell
- Observations:
  - Temperature >38° or <36°
  - Heart rate >90bpm
  - Respiratory rate >24bpm
  - Blood Pressure <100mmHg 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.