

# INPATIENT MANAGEMENT OF SEVERE PNEUMONIA IN CHILDREN (2-59 MONTHS)

Severe Pneumonia is defined as cough or difficulty in breathing in a child with at least one of the following conditions:

- > Central cyanosis or Oxygen saturation < 90%
- > Severe respiratory distress (Laboured or very fast breathing {Respiratory Rate >70 per minute} or severe lower chest indrawing or head nodding or stridor or grunting)
- > Signs of Pneumonia with general signs of danger (inability to breastfeed or drink, lethargy or reduced level of consciousness or convulsions)

Antibiotic	Each Dose	Frequency	Route	Duration
1a. Inj. Ampicillin or	50 mg/kg	6 hrly	IV, IM	7-10 days
1b. Inj. Benzyl penicillin	50,000 units/kg	6 hrly	IV, IM	7-10 days
2. Add Inj. Gentamicin	7.5 mg/kg	24 hrly	IV, IM	7-10 days

- > Give Cloxacillin or Amoxicillin + Clavulanic acid if Staphylococcal infection is suspected.
- > Give Ceftriaxone with Vancomycin in case of septic shock.

## Oxygen therapy

- > Give oxygen to all children with oxygen saturation <90% (<94% if they also have other emergency signs like shock etc).
- > Use nasal prongs as the preferred method of oxygen delivery; if not available, a nasal or nasopharyngeal catheter may be used.
- > Use a pulse oximeter to guide oxygen therapy (keep oxygen saturation > 90%).

## Supportive care

- > Provide IV maintenance fluids if the child cannot accept oral feeds. Stop IV fluids gradually when the child begins accepting oral feed satisfactorily
- > If child has a fever (38.5°C), then give Paracetamol.
- > If wheezing occurs, then give rapid acting bronchodilators.

In case where IPD is not possible, give pre-referral dose as per the table above