Community-Acquired Pneumonia in the Primary Care Setting

Background on Community-Acquired Pneumonia
Community-acquired pneumonia (CAP) is the eighth leading cause of death in the United States.\(^1\) Approximately 6 million cases are reported annually, resulting in an estimated 4.2 million ambulatory care visits.\(^1\) Adults age 65 or older have four times the incidence of CAP as other age groups; they also have higher rates of hospitalization and are more likely to die from CAP.\(^2\)

CAP Diagnosis and Assessment with the CRB-65 Tool
The Infectious Diseases Society of America (IDSA) and the American Thoracic Society (ATS) recommend two validated tools for assessing the severity of CAP during the diagnostic process.\(^3\) The most actionable tool in a primary care setting is the CRB-65 tool.\(^4\) This tool calculates a severity score and recommended site of care based on four readily available clinical data elements commonly collected for patients presenting with symptoms suggestive of pneumonia:

- Confusion + Respiratory rate + low Blood pressure + age 65 years or older.

Why Use the CAP CDS Tool?
The benefits of integrating the CAP CDS tool into your clinical practice when seeing patients presenting with symptoms of pneumonia include:

- Support accurate appraisal of pneumonia severity
- Provide site-of-care recommendations to assist in clinical decision-making
- Offer easy access to evidence-based guidelines on management via hyperlinks

---

Integrating the CAP CDS Tool into Your Workflow

The CAP CDS tool has been designed to integrate the CRB-65 assessment into your workflow when diagnosing patients presenting with symptoms consistent with pneumonia. You will be able to access this tool in the Planning section, under Best Practice Advisories (BPA) as a non-interruptive alert. Note that while you can navigate to other parts of the record after seeing the CAP CDS BPA for the first time, you will need to acknowledge the recommendation of the BPA before completing the visit.

The tool will calculate a severity score and provide a recommendation for site of care: (home or hospital) based on the 30-day mortality associated with the score.

<table>
<thead>
<tr>
<th>Any clinical presentation of:</th>
<th>Confusion</th>
<th>Respiratory rate ≥ 30/min</th>
<th>Blood pressure (SBP &lt; 90 mmHg or DBP ≤ 60 mmHg)</th>
<th>Age ≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score:</td>
<td>0 or 1</td>
<td>1 or 2</td>
<td>3 or 4</td>
<td></td>
</tr>
<tr>
<td>Mortality risk &amp; treatment options</td>
<td>LOW MORTALITY RISK</td>
<td>Likely suitable for home treatment</td>
<td>INTERMEDIATE MORTALITY RISK</td>
<td>Likely needs hospital referral and further assessment</td>
</tr>
</tbody>
</table>