

Are Antibiotics the Solution for Suspected Community Acquired Pneumonia? New Study Is Nothing To Sneeze At!

March 19, 2020

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Lewis First, MD, MS, Editor in Chief, Pediatrics

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Article type: [Pediatrics Blog](#)



If a child presents to your local hospital's emergency department (ED) with suspected community acquired pneumonia (CAP) but otherwise appears well, do you automatically prescribe an antibiotic? Lipshaw et al ([10.1542/peds.2019-3138](#)) investigated the role of antibiotics for CAP in a prospective cohort of children ages 3 months to 18 years sent home from the ED with suspected CAP. The study outcomes were treatment failure, defined as hospitalization after ED discharge, a return visit for a

change in antibiotics, or a documented change in prescription antibiotic within 7-15 days after the ED visit. The results may surprise you in that of the nearly 300 children, there was no difference in treatment failure between both groups even when you adjust for chest x-ray findings. Overall, 3.4% in each group required a return visit and hospitalization. Parents noted no difference in quality-of-life measures whether or not antibiotics were used.

So, are you using antibiotics as first-line treatment for CAP or instead practicing watchful waiting and close observation since this study does not suggest a benefit of antibiotics? There are limitations to this study that are nicely described in the discussion section. This is a study that can make you think again about antibiotics and underscores the degree to which CAP is viral. After reading this study, will you continue to prescribe antibiotics for CAP? We welcome your thoughts by responding to this blog, posting a comment with the article on our website, or sharing your input on our Facebook or Twitter sites.

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