



GREY BRUCE HEALTH NETWORK

EVIDENCE-BASED CARE PROGRAM

Community-Acquired Pneumonia

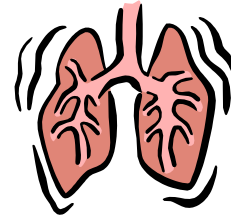
Patient Education Booklet (In-Patient)

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What is Pneumonia?

Pneumonia is an inflammation of the lungs caused by infection.



What Pneumonia does...

When you have pneumonia your lungs are inflamed or infected. The air spaces fill with pus and other liquids, so oxygen can't reach your blood. Lack of oxygen makes you short of breath because your body cells and organs can't work properly.

Causes of Pneumonia:

1. Bacteria
2. Viruses
3. Mycoplasma (unusual bacteria)

Possible Signs that you have Pneumonia:

- | | | |
|-------------|--------------------------|-----------------|
| ✓ Fever | ✓ Chest Pain | ✓ Weakness |
| ✓ Chills | ✓ Shortness of
Breath | ✓ Muscle Aches |
| ✓ Tiredness | ✓ Thick Sputum | ✓ Poor Appetite |
| ✓ Cough | | |

If You Seem to Have Symptoms of Pneumonia:

- Call your doctor immediately. Even with the many effective medications that exist, finding and treating it early are important.
- Follow your doctor's advice. If he/she says you should be in the hospital, go there. If he/she says you should rest at home, do it.
- To prevent pneumonia from coming back, keep taking the medicine your doctor prescribes ***until the prescription is finished***. If you stop the medication too soon, the pneumonia may come back.
- ***Remember, even though pneumonia can be satisfactorily treated, it is an extremely serious illness. Treat it as such!***

Uncovering the Problem:

To diagnose pneumonia and find the right treatment, your doctor may order some tests:

- **Chest X-ray** – This test helps us find the pneumonia and how severe it is. If you think you may be pregnant please notify the x-ray technician before your x-ray.
- **Sputum testing** – Sputum is mucous coughed up from the throat or lungs. A sample of this may help to tell us what type of pneumonia you have and which medications will work the best for you.
- **White Blood Cell (WBC) Count and Differential** – This test tells us if you have any infection in your body, and helps the doctor monitor your response to treatment.
- **Blood Cultures** – These can detect whether the pneumonia bacteria is in your bloodstream.
- **“O₂ Sat”** – A clip on your finger measures how much oxygen is getting to your body.
- **You might see one or more of –**
 - Nurse
 - Doctor
 - Respiratory Therapist
 - Lab Technologist
 - Diagnostic Imaging Technologist
 - Physiotherapist
 - Discharge Planner
 - CCAC Case Manager



- **For the first 24 hours, you will be in isolation, which means any visitors or caregivers will wear a mask and protective clothing to prevent the spread of germs.**

Treatment of Pneumonia

The drug or drugs used to treat the different kinds of pneumonia are chosen based on the kind of germ causing it. To make sure you get the best effect from the medication, a medication history will be taken. A list of medications you are currently taking and drug allergies will be made. Medicine must be followed according to directions, or the pneumonia may return.



Other medications that may be prescribed by your doctor:

- **Bronchodilators** – these may be used to reduce wheezing, especially if you have an underlying lung condition such as asthma or chronic obstructive pulmonary disease (COPD).
- **Oxygen** – may be prescribed to relieve shortness of breath.
- **Pain Relief** – pain and discomfort from coughing may stop you from coughing and breathing effectively. In order to help you cough and breath without pain, your doctor may prescribe a mild pain reliever.
- **Proper Diet** – It is important to be well nourished to fight the infection, and to drink a lot of fluids. You also need to replace fluids lost during your fever. The nurses will monitor your fluid intake and output. The dietitian is available for consultation regarding nutritional therapy.
- **Treatments may include:**
 - Intravenous fluids
 - Medicine to lower fever if needed
 - Medication through a “puffer”

***This is only a guide to what may happen;
all patients are treated as individuals.***

***Feel free to ask your nurse any questions about the medications
you are taking.***

Coughing

A controlled cough is desirable as it acts as a “vacuum cleaning” system for the lungs to get rid of excess mucous. After taking a few deep breaths, breathe in slowly through the nose and cough twice with one breath. The first cough will help to loosen the mucous in your lungs. The second will help to bring it up and out, getting rid of the mucous.

If you can, sit leaning slightly forward with your feet on the floor to make the coughing more effective.

When Breathing is Difficult:

Use a position to help with relaxation:

- Make a slope with 3 or 4 pillows, placing an extra pillow to fill the gap between your waist and armpit. Lie high up on these with your whole side supported and your shoulder underneath the top pillow.
- Sit leaning forwards from the hips with a straight back, resting your head, shoulders, and arms on the pillow.

In both positions, gradually relax your neck muscles, shoulders and upper chest. Try to breathe quickly with the lower part of your chest and around your waist.

- Stand and lean forward from your hips onto something of the required height. Your back should be straight; your arms spread well apart, and your head resting on your hands.
- Sit and lean forward with a straight back, resting your forearms on your thighs with your wrists relaxed.
- Lean the lower half of your back against a wall with your feet placed 12 inches away. Your shoulder should be relaxed with your arms hanging loosely by your side.

In all positions, breathing should take place around your waist. At first, breathing in and out should be of equal duration, and if necessary, more quickly than normal, slowing down as relaxation is achieved.



Don't Rush Your Recovery

A healthy young person may lead a normal life within a week of recovery from pneumonia. For others, however, weeks may go by before they get back their usual strength and feeling of well-being. They should not be discouraged from returning to work or carrying out their usual activities, but they should be warned to expect some difficulties. Lots of rest is important in full recovery and to avoid relapse.

Your doctor may want to see you in his/her office after your antibiotics are finished. Make an appointment with him/her earlier than this if you have increased shortness of breath, worsening cough, or your fever will not go down.

Prevention is Possible

The greatest risk of pneumonia is among people who:

- Have chronic illnesses such as lung disease, heart disease, kidney disorders, sickle cell anemia or diabetes;
- Are recovering from a severe illness;
- Are in a nursing home or other chronic care facility;
- Are age 50 or older;
- Have HIV/AIDS.

Your doctor can help you decide if you, or a member of your family, need the vaccine against pneumonia. It is usually given only to people at a high risk of getting the disease and the severe problems that go with it. It is not recommended for pregnant women or children under age two. Another vaccine that helps reduce your risk of getting pneumonia is the flu vaccine. Often, the flu can progress into pneumonia, and so preventing the flu will also help to stop you from getting pneumonia. Speak with your doctor if you want more information about either one of these vaccines.



Pneumonia often follows ordinary respiratory infections. It is important when a person has a cold or other infections like bronchitis that they watch any symptoms that go on for more than a few days. Good health habits, such as a proper diet and hygiene, plenty of rest, and regular exercise, help prevent all respiratory illnesses. They also help to promote fast recovery if the illnesses do occur.

Discharge from Hospital

You may be ready for discharge when:

- Your breathing has improved
- Your fever is down
- You don't need intravenous medication for your pneumonia
- You understand your treatment plan and the importance of following it

If you feel you need help at home when you are discharged, please tell the nurse about your concerns. They will have the Community Care Access Centre (CCAC) Coordinator see you.

*This education booklet was adapted from the Niagara Health System patient education booklet for
Community-Acquired Pneumonia.*