

# TAMANG SAGOT

## PhilHealth Circular No. 2016-003

### **“Policy statements on the Diagnosis, Empiric Management, and Prevention of Community-acquired Pneumonia (CAP) in Immunocompetent Adults as reference by the Corporation in ensuring quality of care (Revision 1)”**

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#### **1. What is PhilHealth Circular No. 003-2016?**

It contains the revised and updated policy recommendations of the Corporation pertaining to the diagnosis, empiric management, and prevention of community-acquired pneumonia (CAP) in immunocompetent adults. The said recommendations are in accordance to the latest PSMID treatment guideline (2016) and expert opinion. The sections that were revised/updated are the following:

- Å Recommended antibiotics
- Å Use of chest x-ray as a diagnostic tool
- Å Use of microbiologic tests for facilities with service capability based on DOH license
- Å Recommended indications for streamlining of antibiotic therapy

#### **2. How was PC 2016-003 developed?**

A meeting with the Philippine Society of Microbiology and Infectious Diseases (PSMID) was held in December 2015 wherein the society introduced the updated treatment guideline (2016 edition) and discussed certain recommendations contained in PC 23 s-2015 (Policy Statement on CAP in adults) that was signed by the President and CEO in August 2015. Following review of the guidelines and new recommendations, the management considered the recommendation and approved its adoption, hence, this Circular.

#### **3. What are the three classifications of Community Acquired Pneumonia (CAP)?**

The following are the risk categories of CAP based on the clinical features of patients (adapted from PSMID CAP Guideline 2010):

- a. Low risk CAP
- b. Moderate risk CAP
- c. High risk CAP

#### **4. Among 3 classifications of CAP, which condition is admissible?**

A patient diagnosed of having moderate-risk CAP should be hospitalized for closer monitoring and/or parenteral therapy while a high-risk CAP patient warrants admission in the intensive care unit.

#### **5. What are the clinical symptoms of a patient to make a diagnosis for evaluation of CAP?**

A patient who is suspected of having CAP usually presents with the following:

- a. A history of cough within the past 24 hours or less than two weeks;
- b. Abnormal vital signs of tachypnea (respiratory rate > 20 breaths per minute), tachycardia (cardiac rate > 100 beats per minute) and fever (temperature > 37.8); and
- c. With at least one abnormal chest finding of diminished breath sounds, rhonchi, crackles, or wheeze.

## 6. What is the role of chest x-ray in CAP?

According to the experts, a chest x-ray should be sought in a patient suspected of having CAP to aid in the diagnosis. It may be repeated for hospitalized patients but have initial “normal” chest radiographic findings. A follow-up chest x-ray is also recommended only for patients who are not clinically improving.

## 7. What is the recommended length of hospital stay for a patient with admissible case of CAP?

The recommended length of stay (LOS) is based on expert opinion following consultation with the Philippine College of Physician (PCP) and the Quality Assurance Committee (QAC).

A case of **moderate risk** CAP will require minimum of 96 hours (4 days) confinement with at least three (3) days IV antibiotics and to provide sufficient time for proper evaluation of patient’s response to therapy. Hospital stay can be extended for longer period in **high risk** pneumonia due to clinical instability.

## 8. How is pneumonia managed?

The treatment for CAP depends on risk classification of the patient. In general, the recommended management of pneumonia is:

- For low-risk CAP, it can be treated at home or for outpatient care with antibiotics, rest and fluids.
- For moderate-risk CAP, patients need to be hospitalized for closer monitoring
- For high-risk CAP, patients warrant admission in the intensive care unit.

## 9. When can a patient be discharged from hospital admission?

A patient diagnosed of CAP can be discharged based on the following criteria:

- Ability to maintain oral intake;
- Having stable vital signs; and
- Absence of unstable co-existing illness or other life-threatening complication

## 10. How can we prevent CAP?

The following are recommended for the prevention of CAP:

- Smoking cessation
- Pneumococcal and influenza vaccinations

**11. Is PC 2016-003 applicable to pediatric CAP?**

PC no. 2016 – 003 shall apply to an immunocompetent adult. The Corporation has existing policy statement for pneumonia in children as provided in the HTA Forum 2006. An updating of the guidelines of CAP in children is included this year.

**12. When will PC 2016-003 take effect?**

The Circular shall be effective 15 days after publication.