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Educational questions.

"Increasing outpatient treatment of mild community-acquired pneumonia: systematic review and meta-analysis"

For each statement, mark appropriately in every box with a (+) for true or (-) for false.

1. The pneumonia severity index and CURB65 severity scores were originally designed to predict which clinical outcome?

- Intensive care unit admission. 30-day mortality. Requirement for admission to hospital. Requirement for broad spectrum antibiotic therapy. Health-related quality of life.

2. Which of the following statements regarding outpatient care for patients with community-acquired pneumonia is true?

- Outpatient care is associated with reduced 30-day mortality and improved health-related quality of life compared to hospital based care. There is no evidence that use of the Pneumonia severity index increases the proportion of patients treated in the community. Patients managed in the community would be expected to have a 30-day mortality of 5-15%. Outpatient care reduces hospital related costs and reduces the risk of hospital acquired infections compared to inpatient care. Studies of outpatient care have only been conducted in the USA and require validation internationally.

3. Which of the following patients is most likely to be suitable for outpatient care based on the studies reviewed in this article?

- A 48-year-old man in PSI class II with oxygen saturations of 92% on room air and a large left pleural effusion. An 80-year-old lady in PSI class III with oxygen saturations of 97% on room air and a C-reactive protein of 90 mg · L⁻¹. She is unable to tolerate oral medications due to vomiting. A 40-year-old man in PSI class III without oxygen desaturation, intolerant of penicillin with a urea of 7.1 mmol · L⁻¹. A 60-year-old man with a history of chronic obstructive pulmonary disease, oxygen saturations of 89% on room air and ongoing cigarette smoking. A 32-year-old man in PSI class I with a history of intravenous drug use and chest x-ray evidence of a lung abscess.

4. Which of the following statements regarding outpatient management of patients with community-acquired pneumonia is NOT true?

- Severity scores should always be supplemented with physician judgement and consideration of subjective factors such as the ability to safely and reliably take oral medication. There is evidence that some patients prefer to be managed as outpatients. Patients in PSI class IV or CURB65 score 2 always require hospitalisation. The CURB65 score may be more simple than the Pneumonia severity index as it is composed of fewer predictors. A significant number of patients with low PSI and CURB65 scores require hospitalisation and even ICU admission.