

PSI/PORT Score: Pneumonia Severity Index for CAP (ADMIT >90)

Risk (yes/no)	Score	Risk (yes/no)	
Age	I/YEAR	SBP<90	20
Sex (M/F)	F (-10)	T<35C/95F;>39.9/103.8	15
NH resident	10	P>124	10
Neoplastic dz hx	30	pH<7.35	30
Liver dz hx	20	BUN>29	20
CHF hx	10	Na<130	20
CV dz hx	10	Glu>249	10
Renal dz hx	10	Hct<30	10
AMS	20	pO2<60	10
RR>29	20	CXR:Pleural effusion	10

PSI and Admission Decision

- Class I or II – Outpatient Therapy
- Class III – Outpatient Therapy or Observation
- Class IV or V – Inpatient (>90)
- Utilizing the PSI, <1% mortality in those recommended for outpatient therapy (but 4.3% subsequent admission to the ICU)
- *Observation **Inpatient

PSI Class, Mortality in PORT Cohort			
Class	Points	Mortality (%)	
I	No predictors	0.1	
II	</=70	0.6	
III*	71-90*	0.9	
IV**	91-130**	9.3	
V	>130	27.0	

CURB-65 and PNA Severity

- CURB-65 provides risk stratification of CAP in ED for patients.
- CURB-65 offers equal sensitivity of mortality prediction due to CAP as PSI but has a higher specificity (74.6%) than PSI (52.2%).
- Clinical Indicator
 - Confusion: +1 for YES
 - BUN > 19mg/dl: +1 for YES
 - Resp Rate > 30: +1 for YES
 - SBP < 90 or DBP < 60 +1 for YES
 - >65 +1 for YES
- Score (**> 3 deems inpatient consideration, 2 is OBS consideration**)
 - 0-1 Point – Low severity, risk of death < 2%, outpatient therapy
 - 2 Points – Moderate severity, risk of death 9%, consider hospitalization (Obs vs IP)
 - **3-5 Points – High severity, risk of death >22%, Hospitalize as Inpatient and consider ICU if score 4-5**

SMART-COP <50/>50 yo

D Systolic BP	<90	2 points
D Multilobar infiltrates		1 point
D Albumin	<35g/l	1 point
D Resp Rate	>25/>30	1 point
D Tachycardia	>125/min	1 point
D Confusion (acute)		1 point
D Oxygen low	<93/<90	2 points
D pH	< 7.35	2 points

Maximum= 11

Need for intensive respiratory or vasopressor support

- D 3-4: 1 in 8 chance of needing IRVS,
- D **5-6: 1 in 3 risk,**
- D **>7 : 2 in 3 in needing IRVS.**