

Will my child have any long-term problems?

Most children recover quickly and completely with treatment. However, they may be tired and off their food for a few weeks following the infection.

In the majority of cases pneumonia does not result in any long-term chest problems.

Child's name:

.....

Date of hospital admission:

..... / /

Treatment on discharge
(dose, schedule and duration):

.....

.....

.....

.....

Date of PAU follow-up appointment:

..... / /

If you have any further questions, please ask the nursing staff.

If you are at all concerned about your child, please contact:

Bergholt Ward on 01473 702195

or

Paediatric Assessment Unit on
01473 702198.

Produced by:
The Ipswich Hospital NHS Trust
Heath Road, Ipswich, Suffolk IP4 5PD
Hospital switchboard: 01473 712233
www.ipswichhospital.nhs.uk



The Ipswich Hospital
NHS Trust

Pneumonia in Children



Information for parents

Bergholt Ward
Tel: 01473 702195

Issue 4: June 2018 Review date: May 2021
© The Ipswich Hospital NHS Trust, 2009-2018. All rights reserved. Not to be reproduced in whole, or in part, without the permission of the copyright owner.

What is pneumonia?

Pneumonia is an acute infection of the lungs which can develop in 1–2 days or over several days.

What causes pneumonia?

Pneumonia may be caused either by bacterial or viral infection. This infection can either be breathed in or enter the lungs through the bloodstream

How is the diagnosis of pneumonia made?

In order to make a diagnosis of pneumonia, the doctor will assess your child fully, looking for the following features:

- very high fever;
- fast breathing;
- difficulty with breathing; and
- crackly noises when the chest is listened to using a stethoscope.

Will my child need any tests?

In most instances, diagnosis of pneumonia is made on clinical assessment. This means that many children do not need to have X-rays or blood tests. Your doctor may request blood tests and an X-ray of your child's chest when he or she suspects pneumonia, but this is not always the case. Sometimes, intravenous antibiotics are needed initially and then your child will be discharged home on oral antibiotics.

When will my child be discharged?

Your child will be discharged from hospital when he or she is considered well enough, no longer needs oxygen and is able to drink and swallow medicine.

How should I care for my child after he or she is discharged from hospital?

It is likely that your child will be sent home on oral antibiotics – it is important that they take the full prescribed course.

Offer your child their favourite drink in small amounts every half an hour to keep them well hydrated.

Monitor your child's temperature and give paracetamol and/or ibuprofen to bring the fever down.

You may be asked to bring your child for a review in the Paediatric Assessment Unit (PAU) at some point following discharge.

When should I seek medical help following my child's discharge?

You should seek help for your child if any of the following problems occur:

- increase in difficulty breathing. Look especially for grunting noises, irregular breathing or your child stopping breathing at times;
- development of bluish colour around the mouth;
- extreme lethargy (tiredness);
- difficulty drinking and inability to swallow the antibiotics; or
- fever continuing for more than 48 hours after starting the antibiotics.

How should I seek medical help for my child following discharge?

If your child does not seem to be improving following discharge, you can phone staff on **Bergholt Ward** on **01473 702195** for advice. You may have been given 24–48 hours' open access. This means your child can come directly back to the hospital for a review without you having to go through the GP again.

Outside the timeframe of open access arrangements, please contact your GP surgery or the Emergency Department if you have any concerns.

