

The risk of pneumonia is higher in persons who: are 65 or older, have had a stroke, have problems swallowing, are immunocompromised, or have certain chronic medical conditions (e.g. COPD, CHF).

SYMPTOMS OF LONG-TERM CARE ACQUIRED PNEUMONIA (NHAP)

- Tachypnea (rapid breathing, e.g. > 25 breaths per minute)
- · New or worsening cough
- New or worsening sputum production (often yellow or green)
- Fever
- Pleuritic chest pain
- New delirium or decreased level of consciousness
- Dyspnea
- Tachycardia (pulse > 100 bpm)

Older adults may present differently than younger persons, with fewer or milder symptoms. For example, they may not have a fever or productive cough but may present with delirium and confusion. However, most LTC residents with pneumonia will have at least one respiratory symptom.

DIFFERENTIAL DIAGNOSIS

The most common causes of diagnostic confusion in LTC are cardiac and pulmonary disorders. Congestive heart failure (CHF) or COPD exacerbations are common problems resembling pneumonia.

VACCINATION

The influenza and pneumococcal vaccines may help protect residents from pneumonia. Currently there are two pneumococcal vaccines available in Canada:

- > Pneumococcal conjugate vaccine (PCV 13 or Prevnar 13®)
- ➤ Pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax 23®)

