

Supplementary File 1: CAP checklist

Patient details sticker		4hr Community Acquired Pneumonia Care Bundle	
		Date of admission:	
		Time of admission:	
B reathlessness, cough and pyrexia	Symptoms suggestive of LRTI	Yes <input type="checkbox"/> No <input type="checkbox"/>	
R adiology reviewed	New consolidation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
E WS	Use EWS escalation tool Fluid if SBP < 90 Consider catheter	EWS Score: <input type="text"/>	
A ssess Severity CURB65	Confusion <input type="checkbox"/> Urea >7 <input type="checkbox"/> RR > 30 <input type="checkbox"/> BP - SBP < 90 DBP <60 <input type="checkbox"/> 65 age > 65 <input type="checkbox"/> Total <input type="text"/>		
T reatment	Use UHL guidance (see diagram below)		<input type="checkbox"/>
H ypoxia treated in 1st hour	Target sats: ≥94% COPD 88-92%		<input type="checkbox"/>
E xpert advice	Bleep pneumonia nurse (2713) Virtual respiratory clinic (mobile / ICM)		<input type="checkbox"/>
Score 0-1 <input type="checkbox"/>		Score 2 <input type="checkbox"/>	
Amoxicillin 500 mg po tds 5/7 or if Penicillin allergic: Doxycycline 200 mg po od 5/7		Amoxicillin 1 g po tds 5/7 Doxycycline 200 mg po od 5/7 or if Penicillin allergic: Doxycycline 200 mg po od 5/7	
		Score 3-5 <input type="checkbox"/>	
Coamoxiclav 1.2g tds IV 5/7 Doxycycline 200 mg po od 5/7 or if Penicillin allergic: Doxycycline 200 mg po od 5/7 IV meropenem 500mg tds 5/7 if anaphylaxis to penicillin discuss with microbiology			
Time Antibiotics given: (= bundle completion)	Name of Doctor:	Grade of Doctor:	