

Chest X-Ray for Community Acquired Pneumonia (CAP)

Patients with suspected CAP can usually be diagnosed and managed on the basis of their clinical presentation.

POAC funds CXR in CAP when it is required acutely to avoid hospital admission or to change immediate management. *IV therapy is NOT recommended for treatment of CAP in the community.* CXR does not assist with making a decision to give IV antibiotics as this decision is based on clinical presentation.

In most cases, the CXR is not needed immediately and should be requested using Access to Diagnostics or by referral to the local DHB radiology department, or by use of private funding.

Patients with CAP may require CXR at some point in the course of their illness e.g. where:

- The diagnosis is uncertain
- The patient has comorbidities e.g. LVF, COPD
- The patient is >65yo and is presenting with non-specific symptoms and absent chest signs but with suspicion of pneumonia
- There is increased risk of underlying pathology e.g. lung cancer
- The patient is not responding to treatment

All DHB radiology departments offer a same-day walk in service for CXR. In order to facilitate the patient's visit to radiology consider phoning ahead using the phone numbers listed below to advise the radiology department they will be attending see [plain X-ray requests](#)

Follow up CXR for CAP is not routinely required unless there are risk factors or red flags, including:

- >50 years of age
- Significant smoking history
- Suspicious radiologic findings on initial CXR
- Incomplete clinical resolution at six weeks

Follow up investigations are not POAC funded.