

Chest X-Ray (CXR) for Community Acquired Pneumonia (CAP)

Patients with suspected CAP are managed in the community based on clinical assessment and judgement and the CRB severity score, which assists in determining suitability for community management. See Auckland Regional HealthPathways: [Community Acquired Pneumonia \(CAP\) in Adults](#)

POAC funds CXR in CAP for mild or moderate CAP (CRB-65 score – 0-1) when the result will facilitate decisions on appropriate immediate management to avoid hospital presentation.

This will usually be when the clinician is unsure of the presenting diagnosis (e.g., chest infection versus heart failure) and is unable to commence appropriate management aimed at avoiding immediate hospital referral.

POAC does not fund CXR:

- For severe CAP - CRB - 65 score \geq to 2 (unless recommended/endorsed by a hospital specialist) - arrange acute general medical assessment.
- To assist in deciding whether to use IV antibiotics for CAP. IV antibiotics are NOT recommended for management of CAP in primary care.
- Where a diagnosis (e.g. of CAP) has been made and a management plan (e.g. commencement of antibiotics) can be followed without immediate information from a CXR. Arrange urgent or non-urgent CXR via ATD, hospital walk-in service (see [Plain X-ray Requests](#) for walk-in process), e-Referral or private referral if indicated.
- Where immediate hospital referral/admission is not indicated – manage the likely diagnosis. Arrange non-acute CXR if indicated.
- For follow up to check for clearance, even if POAC funded the original CXR.