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# Pediatricians' compliance to the clinical management guidelines for community-acquired pneumonia in infants and young children in pakistan

Shakeel S.[a], Iffat W.[a], Qamar A.[b], Ghuman F.[c], Yamin R.[d], Ahmad N.[e], Ishaq S.M.[f], Gajdacs M.[g, h], Patel I.[i], Jamshed S.[j, k]

Save all to author list

[a] Faculty of Pharmaceutical Sciences, Dow College of Pharmacy, Dow University of Health Sciences, Karachi, 74200, Pakistan

[b] Department of Physiology, Dr. Ishrat Ul Ebad Khan Institute of Oral Health Sciences (DIKIOHS), Dow University of Health Sciences, Karachi, 74200, Pakistan

[c] Dow University Hospital, Dow University of Health Sciences, Karachi, 74200, Pakistan

[d] Department of Pediatrics, National Institute of Child Health, Karachi, 74200, Pakistan

[e] Jinnah Postgraduate Medical Centre, Department of Chest Medicine, Karachi, 74200, Pakistan

[f] Scientific Assistant, Karachi Institute of Radiotherapy and Nuclear Medicine (KIRAN), Karachi, 74200, Pakistan

[g] Faculty of Medicine, Institute of Medical Microbiology, Semmelweis University, Budapest, 1089, Hungary

[h] Department of Pharmacodynamics and Biopharmacy, Faculty of Pharmacy, University of Szeged, Szeged, 6720, Hungary

[i] School of Pharmacy, Marshall University, Huntington, 25755, WV, United States

[j] Department of Clinical Pharmacy and Practice, Faculty of Pharmacy, Universiti Sultan Zainal Abidin, (UniSZA), Kuala Terengganu, 21300, Malaysia

[k] Qualitative Research-Methodological Application in Health Sciences Research Group, Kulliyyah of Pharmacy, International Islamic University Malaysia, Kuantan, 25200, Malaysia

Hide additional affiliations



Abstract

Community-acquired pneumonia (CAP) is among the most commonly prevailing acute infections in children that may require hospitalization. Inconsistencies among suggested care and actual management practices are usually observed, which raises the need to assess local clinical practices. The current study was conducted to evaluate pediatricians' compliance with the standard clinical practice guidelines and their antibiotic-prescribing behavior for the management of CAP in children. Methods: A descriptive cross-sectional study was conducted using a self-administered questionnaire; which was provided to pediatricians by the researchers. Statistical analysis was

performed with SPSS 25 Statistics; $\chi^2$ tests (or Fisher-exact tests) with the p-value set at < 0.05 as the threshold for statistical significance. Results: The overall response rate was 59.2%. Male respondents were (n = 101; 42.6%), and the respondents (n = 163; 68.7%) were under 30 years of age. Amoxicillin (n = 122; 51.5%) was considered as the most commonly used first-line treatment for non-severe pneumonia, whereas a smaller proportion (n = 81; 34.2%) of respondents selected amoxicillin–clavulanate. Likewise, amoxicillin (n = 100; 42.2%) was the most popular choice for non-severe pneumonia in hospitalized children; however, if children had used antibiotics earlier to admission, respondents showed an inclination to prescribe a macrolide (n = 95; 40.0%) or second-generation cephalosporin (n = 90; 37.9%). More than 90% responded that children <6 months old with suspected bacterial CAP will probably receive better therapeutic care by hospitalization. Restricting exposure to the antibiotic as much as possible (n = 71; 29.9%), improving antibiotic prescribing (n = 59; 24.8%), and using the appropriate dose of antimicrobials (n = 29; 12.2%) were considered the major factors by the respondents to reduce antimicrobials resistance. Conclusions: The selection of antibiotics and diagnostic approach was as per the recommendations, but indication, duration of treatment, and hospitalization still can be further improved. 

Author keywords

Clinical management guidelines; Community-acquired pneumonia; Lower respiratory tract infections; Pakistan; Pediatricians

**Topic name**

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Jamshed, S.; Department of Clinical Pharmacy and Practice, Faculty of Pharmacy, Universiti Sultan Zainal Abidin, (UniSZA), Kuala Terengganu, Malaysia; email:shaziajamshed@unisza.edu.my


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