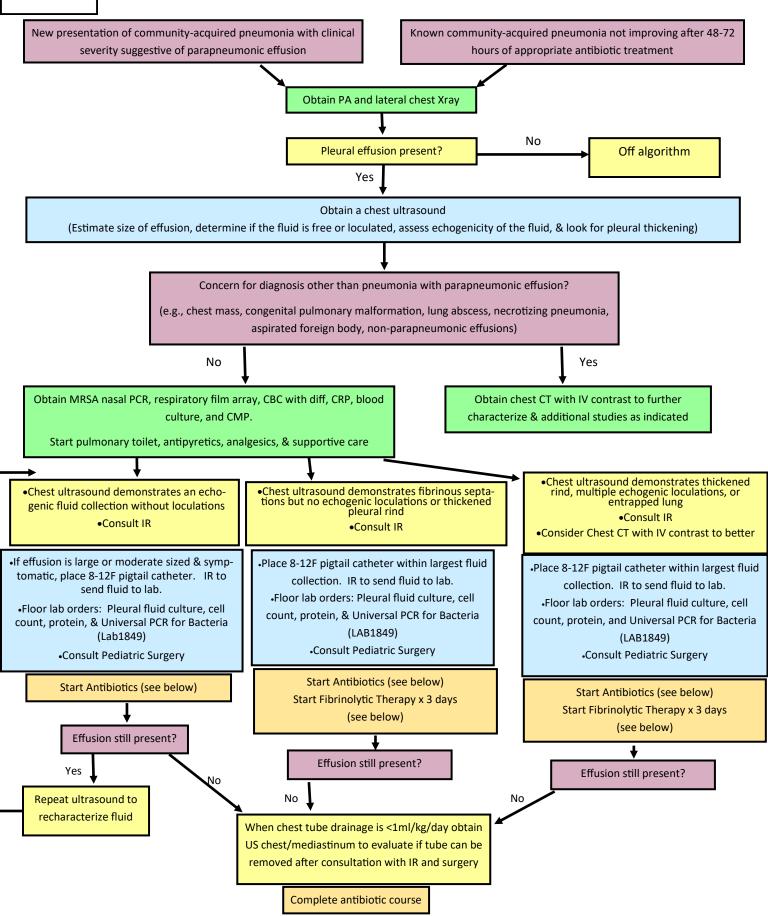
Management of Parapneumonic Effusions & Empyemas



July 2025



Antibiotic Selection for Complicated Community-Acquired Pneumonia > 3 Months of Age

Negative MRSA Nasal PCR

Ampicillin-sulbactam 200 mg of ampicillin component/kg/day divided every 6 hours (max 2g of ampicillin/dose)

Negative MRSA Nasal PCR & Mild to Moderate Penicillin Allergy (e.g., rash)

Ceftriaxone 75 mg/kg once per day (max 2g/day)

Positive MRSA Nasal PCR

- Ceftriaxone 75 mg/kg once per day (max 2g/day) PLUS
- Clindamycin 40 mg/kg/day divided every 8 hours (max 600 mg/dose)

Septic Shock Present

- Ceftriaxone 75 mg/kg once per day (max 2g/day) PLUS
- Vancomycin 15 mg/kg/dose every 6 to 8 hours (max 2000 mg/day)
 - Can likely discontinue vancomycin if MRSA nasal PCR and all cultures are negative for MRSA

Duration

7 days from chest tube removal/drainage of effusion or empyema

Fibrinolytic Therapy for Parapneumonic Effusions & Empyemas

Steps

- Ensure optimal positioning of pigtail catheter within the largest fluid collection.
- Instill tPA mixed in normal saline into the pleural space—use Epic order panel 01838592 "Pediatric tPA (alteplase) fibrinolytic therapy for chest tubes"
 - For patients < 10 kg: 1 mg tPA in 10 mL NS
 - For patients 10-20 kg: 2 mg tPA in 20 mL of NS
 - For patients 20-30 kg: 3 mg tPA in 30 mL of NS
 - For patients > 30 kg: 4 mg tPA in 40 mL of NS
- Clamp tube for one hour then return to suction
- Repeat at 24-hour intervals for two additional doses

Personnel

- Interventional Radiology to place initial pigtail catheter
- TPA to be administered on the floor after tube placement