

MANAGING YOUR ASPIRATION PNEUMONIA

What Is Aspiration Pneumonia?

Aspiration pneumonia is inflammation of the lungs and airways to the lungs (bronchial tubes).

It's caused by breathing in foreign substances. These include food, liquids, vomit, or fluids from the mouth containing bacteria, viruses, or fungi. It makes up 20% to 35% of all pneumonias and 5% to 15% of all community-acquired pneumonias.

What Causes Aspiration Pneumonia?

Risks for getting this pneumonia include poor gag reflexes (often in elderly people), nasogastric tubes, intestinal blockage, ventilators, and contaminated nebulizers. Other risks include coma, alcoholism, and anesthesia. People with strokes, dementia, or swallowing problems (such as in amyotrophic lateral sclerosis and Parkinson disease) and those receiving medications such as antacids, H₂ blockers, proton pump inhibitors, and sedatives are also at increased risk of aspiration pneumonia.

What Are the Signs and Symptoms of Aspiration Pneumonia?

The most common symptoms are fever, cough with thick yellow phlegm, and shortness of breath. Others include chest pain, shaking chills, confusion, headache, pain with breathing, sweating, and tiredness. Skin can look blue because of lack of oxygen.

How Is Aspiration Pneumonia Diagnosed?

The diagnosis is made from a medical history, examination (with attention to the lungs and throat), chest X-ray, and blood and sputum tests.

How Is Aspiration Pneumonia Treated?

Treatment depends on how severe the pneumonia is. Antibiotics should be started as soon as pneumonia is suspected. For milder disease, oral antibiotics may be used. People usually start getting better within 48 to 72 hours from starting therapy. More severely ill people will need treatment in the hospital and get several types of antibiotics given intravenously first and then orally. Hospitalized people may also get oxygen and special care to help clear phlegm. Mechanical ventilation in an intensive care unit may be necessary if breathing worsens. Antibiotic therapy is usually given for 7 to 10 days. Therapy for 14 to 21 days or longer may be given for certain types of bacteria and for people with other chronic medical conditions.

DOs and DON'Ts in Managing Aspiration Pneumonia

- ✓ **DO** follow your health care provider's directions and get plenty of rest.
- ✓ **DO** tell your health care provider about your other medical problems and your medicines (prescription and over-the-counter).
- ✓ **DO** call your health care provider if you're getting worse or don't feel better after 2 to 3 days.
- ✓ **DO** tell your health care provider if you're pregnant or taking birth control pills.
- ✓ **DO** call your health care provider right away or go to the emergency room if the shortness of breath becomes worse.
- ✓ **DO** try to cough up as much phlegm as possible.
- ✓ **DO** drink plenty of fluids to avoid dehydration.
- ⊗ **DON'T** stop taking your medicine because you feel better.

⊗ **DON'T** use a cough medicine to suppress your cough unless your health care provider tells you to.

⊗ **DON'T** treat yourself. Aspiration pneumonia can be life threatening. See your health care provider.

⊗ **DON'T** smoke or drink alcohol.

FROM THE DESK OF

NOTES

FOR MORE INFORMATION

Contact the following source:

- American Lung Association: Tel: (212) 315-8700; Website: <http://www.lungusa.org>

Copyright © 2021 by Elsevier, Inc.