Recovering from pneumonia at home

Pneumonia is an infection in one or both lungs. Before leaving the hospital, ask which changes in cough, breathing or energy the team expects and which should prompt another medical assessment.

Pneumonia is an infection that inflames the air sacs in one or both lungs and fills them with fluid and debris. It can range in severity from mild to life-threatening and can occur in people of any age, though it is most dangerous for older adults, infants and people with underlying health conditions and those with weakened immune systems.

Pneumonia causes approximately 50,000 deaths in the United States each year, and about a million people are treated in hospitals for the condition annually. People who have the highest risk of developing pneumonia are those who:

- Are under 5 years old or over 65
- Smoke
- Have underlying respiratory conditions like cystic fibrosis, COPD, asthma or conditions that affect the kidneys, heart or liver
- Have a weakened immune system because of immunosuppressant medications or illnesses like AIDS, HIV or cancer
- Have recently had a cold or flu
- Have recently spent time in the intensive care unit of a hospital

Symptoms And Causes Of Pneumonia

Pneumonia causes coughing with phlegm or pus, fever, chills and difficulty breathing.

Other signs and symptoms of pneumonia include:

- Pleuritic pain — a sharp or burning pain in the chest that worsens when taking a deep breath
- Rapid heartbeat
- Fatigue and weakness
- Nausea and vomiting
- Diarrhea
- Sweating
- Headache
- Muscle pain
- Confusion or delirium
- Dusky or purplish skin from poorly oxygenated blood

The elderly may experience additional signs and symptoms of pneumonia, including a lower-than-normal body temperature and confusion or disorientation.

Pneumonia is usually caused by bacteria or a virus, though fungi and parasites can sometimes cause it. Bacterial pneumonia symptoms can come on either slowly or quickly and tend to be more serious than

other types. Viral pneumonia symptoms will be similar to the flu but will get worse over the course of several days.

Complications Of Pneumonia

Though it is often successfully treated, complications of pneumonia are possible and can be very dangerous, especially for patients who have underlying respiratory conditions. People with COPD and pneumonia, for example, are especially vulnerable, because the inflammation from pneumonia can limit airflow and cause further damage to the lungs, possibly progressing to hypoxia or acute respiratory failure. An increased risk of a heart attack or worsening heart failure after pneumonia are dangerous complications for those with pre-existing cardiovascular conditions.

Other complications of pneumonia include:

- Bacteremia and sepsis — Bacteria from the lungs can enter the bloodstream and spread the infection to other organs, potentially leading to organ failure
- Lung abscesses — If pus collects in the cavity of the lungs, it creates an abscess, which may require drainage with a needle or tube if antibiotic treatment proves ineffective
- Pleural effusion — Fluid may build up between the thin layers of tissue surrounding the lungs and chest cavity, where it may then become infected
- Renal failure
- Respiratory failure

Pneumonia Recovery

In some cases, pneumonia causes long-lasting damage to the lungs, as well as symptoms that require an extended treatment time. In the most severe cases, pneumonia can cause respiratory failure, making ventilator support necessary to facilitate breathing. In these situations, it's critical to have a multidisciplinary care team that understands medically complex conditions and can work together to achieve a successful recovery.

Pneumonia can leave a person with persistent breathing trouble or worsening of an underlying lung, heart or kidney condition. The team considers what caused it and what remains difficult to manage. Treatment may include prescribed antimicrobials or IV medication, oxygen, mechanical ventilation when needed, airway clearance or suctioning, nutrition and support for safe movement. Nursing, respiratory and rehabilitation staff can explain how the treatments fit together and which tasks a caregiver will need to learn.

Antibiotics may be appropriate for bacterial pneumonia. Treatment for a viral or fungal cause may be different. Respiratory failure, kidney problems or sepsis can make pneumonia life-threatening, especially when someone already has other serious illnesses. Ask which complication the team is most concerned about, what monitoring or treatment it requires and what would signal improvement. If continued hospital care is being considered, Lakeview Admissions can review the current breathing support, medical orders and rehabilitation needs with the referring team.

Archived recovery account

This account describes care in an earlier setting. The course, timing and outcome belong to that individual.

The patient described satisfaction with the progress he had made.

The patient was admitted to a general hospital when he began experiencing extreme pneumonia symptoms, including difficulty breathing. He was diagnosed with an advanced case of pneumonia that quickly led to acute respiratory failure. As a result of this complication of pneumonia, the patient was placed on a ventilator to support his failing lungs.

In addition, the patient was found to be suffering from a severe blood infection. As a result of the compounded effects of his multiple illnesses, the patient developed multi-organ failure, requiring dialysis to support his kidneys.

During his stay at the general hospital, the patient was given a course of antibiotics, and his condition was stabilized, but physicians were unable to wean him from the ventilator. He was then transferred to the treating hospital for advanced respiratory therapy and rehabilitation.

When he first arrived, the patient was largely unresponsive and required the full support of a team of caregivers for all of his needs. His respiratory therapists immediately began aggressive pulmonary rehabilitation, and the patient started to make significant gains in all areas as his breathing improved and his lungs became stronger. Despite facing some challenges in the course of his recovery, the patient made excellent progress and was successfully weaned from the ventilator. His memory and communication skills improved day by day, and his feeding tube was removed. With help from his speech pathologist, the patient was able to re-learn how to speak and swallow, allowing him to drink and eat a normal diet.

By the time the patient was cleared to be discharged from the treating hospital to continue his physical rehabilitation, he had made amazing strides toward a full recovery and was looking forward to going home again. He described surviving serious breathing complications and being able to continue his recovery in rehabilitation.

Talk with Lakeview

For questions about a possible stay, call Lakeview Admissions at (262) 534-8509. During a stay, ask the bedside nurse who can help with your question.

https://www.lakeviewsystem.com/long-term-acute-care