

**LOW RISK COMMUNITY-ACQUIRED PNEUMONIA HAVE
SHORTER HOSPITAL STAY IN SINGAPORE**

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Aim: Document the outcome of community-acquired pneumonias (CAP) admitted to hospital according to risk stratification at admission.

Patients and methods: All patients with CAP admitted to one hospital from 1st April 1997 to July 20th 1997 were entered into the study prospectively. Class I patients (low-risk) were defined as from Fine et al (NEJM 1997;336:243-50).

Results: There were 72 patients with a mean age of 52 (\pm 23.3) years. There were 6 deaths (8.3%) and 5 ICU admissions with mechanical ventilation. Blood cultures were positive in 6 patients, and sputum culture in 19 patients. One patient had TB, and one had mycoplasma. 65% had no identifiable aetiological agent. Average hospital length of stay (HLOS) was 5.1 (\pm 3.6) days (median 4 days). There were 23 (32%) Class I patients, and none of these patients died. HLOS was significantly shorter in Class I patients (4.1 days vs 5.6 days, $p=0.046$).

Conclusion: Low risk patients form one-third of our CAP admissions, and accounted for no hospital mortality. They had a significantly shorter stay in hospital.