

Kaohsiung Veterans General Hospital Nursing Care Guidance

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I. What is Pneumonia?

何謂肺炎

1. Pneumonia is an infectious disease of the lungs, which can be caused by bacteria, viruses, or fungi. It leads to the alveoli becoming filled with fluid or pus, impairing normal respiratory function.
肺炎是肺部的感染性疾病，可能由細菌、病毒或真菌引起。它會導致肺泡充滿液體或膿液，影響正常的呼吸功能。
2. Clinical symptoms include fever, cough, changes in sputum color, fatigue, and difficulty breathing. If left untreated, complications such as bacteremia, respiratory failure, and even death may occur.
臨床症狀表現包括發燒、咳嗽、痰液顏色改變、疲勞、呼吸困難，若未適當治療可能出現菌血症、呼吸衰竭等併發症，甚至造成死亡。



圖一、Clinical symptoms 臨床症狀

3. Type of Pneumonia 肺炎類型

- (1). Bacterial pneumonia often results in purulent exudate within the alveoli due to infection, blocking the alveolar cavities and causing lobar or bronchial pneumonia. Infections from different pathogens can affect the location of the disease and lead to varying symptom patterns.
細菌性肺炎：多為肺泡內因感染出現化膿性滲出物，阻塞肺泡空腔，引起肺葉性或支氣管性肺炎。不同病原體感染，造成病症位置和症狀表現型態亦有所不同。
- (2). Non-bacterial pneumonia: virus, fungus, parasite and atypical pathogen involve interstitium and cause interstitial pneumonia.
非細菌性肺炎：病毒性肺炎、黴菌或原蟲肺炎、吸入性肺炎、墜積性肺炎。
- (3). community-acquired pneumonia: Pneumonia acquired in a community setting is referred to as community-acquired pneumonia.

社區性肺炎：在社區公共環境感染的肺炎即為社區性肺炎。

II . Risk factors 肺炎常見的危險因子

1. Malnutrition and bedridden status.
長期臥床及營養不良者。
2. Vegetative state.
昏迷或意識不清者。
3. Smoking, alcohol or drug abusers.
長年抽菸、酒精或藥物濫用者。
4. Chronic obstructive pulmonary disease or upper respiratory tract infection.
慢性阻塞性肺疾病、上呼吸道感染者。
5. Neuromuscular diseases, such as stroke.
神經肌肉病變者，如腦中風。
6. Those who are older than 65 years of physical frailty, dementia, and sedatives.
年齡大於 65 歲身體虛弱、失智症及使用鎮靜劑者。
7. Exposure to air pollution
暴露在空氣污染的環境。

III. Workup

常見的檢查

1. Chest X-ray: used to confirm signs of infection in the lungs..
胸部X光：確認肺部是否有感染跡象。
2. Blood test: used to check white blood cell count to assess the infection status.
血液檢查：檢測白血球數量，了解感染情況。
3. Sputum test: used to analyze pathogens and identify the source of infection.
痰液檢查：分析病原體，確定感染源。
4. Other tests: include CT scans or bronchoscopy.
其他檢查：包括電腦斷層掃描或支氣管鏡檢查。

IV. Treatment 治療方法

1. Antibiotic: In all cases, antibiotic treatment should be initiated as expeditiously as possible . Most pneumonia might be cured by proper antibiotic . Those with old age and morbidity and bacteremia result in high mortality . It is still highlighted the importance of people continuing to follow doctors' advice to complete a prescribed antibiotic course(10-14 days)in prevention of pneumonia recurrence and drug-resistant organisms.
抗生素治療：大部份肺炎，若及早給適當抗生素治療，多半可以治癒；但在老年人和慢性病人，若合併有菌血症或敗血症，死亡率會提高。一旦使用抗生素，不可隨便停藥，應依醫師指示，按時持續服用(通常約需治療 10~14 天)，預防肺炎再發生和避免產生抗藥性。
2. Non-Pharmacological Treatment: Provide oxygen therapy, Mucolytics, bronchodilator to clear respiratory secretions, fluids hydration and nutrition support.

支持性療法：提供氧氣治療、化痰劑、支氣管擴張劑，清除呼吸道分泌物，補充液體和營養。

3. If respiratory failure develops, intubation and ventilator support are required.
氧氣療法，必要時氣管內插管使用呼吸器。

V. Patients's instruction肺炎病人的照顧:

1. Get adequate rest: Avoid overexertion and boost your immune system.
充分休息：避免過度勞累，增強免疫系統。
2. Take a deep breath (you can place your hands on abdomen and feel it extend outward on inspiration) and the effective cough (use abdomen rather than throat). Encourage cough out sputum .
補充水分：保持身體水分充足，幫助痰液排出。
3. Medication adherence involves taking medication as prescribed, keeping regular follow-up appointments, and never stopping medication without consulting a doctor.
藥物遵從性：按照醫師建議服用藥物、定時回診，切勿自行停藥。



圖二、Patients's instruction肺炎病人的照顧

VI. Discharge from the hospital

病人出院注意事項

1. Do not heavy work. It is recommended to get rest and take medication on time.
出院後不要過度勞累，應多休息並按時服藥。
2. If you experience chills, fever, difficulty breathing, coughing up blood, and getting tired easily, you should seek medical attention immediately.
若出現發冷、發燒、呼吸困難、咳血、易疲倦等現象時，應立即就醫。
3. Emphasize the importance of continuing effective coughing, deep breathing, and smoking cessation.
強調需持續執行有效咳嗽、深呼吸、戒菸的重要性。
4. Avoid public space and wearing a mask.
減少出入公共場所，必要時應戴口罩。
5. Encourage, rest, exercise nutrition for immunity.
鼓勵有足夠睡眠、休息、適當攝取蛋白質及維生素增強免疫力和運動。
6. Seasonal influenza vaccination and pneumococcus vaccination each five years in chronic condition patient such adults 65 years or older, DM, CKD, COPD.
肺炎的高危險病人，例如：年滿 65 歲以上老人，建議每年施打流行性感冒疫苗、每五年施打肺炎雙球菌疫苗，預防發生肺部感染。

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圖一、「臨床症狀」·Claude AI生成20024年9月13日 14:30。

圖二、肺炎病人的照顧·ClaudeAI生成·2024年9月13日 14:33。

Note(備註)： review once a year 每年審閱一次

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