

Pneumonia and what to expect after discharge

Introduction

This leaflet gives you information about pneumonia and the follow up care after you have been discharged from hospital.

What is pneumonia?

Pneumonia is inflammation of the lung tissue, usually caused by infection with bacteria or viruses.

Pneumonia tends to affect up to 1 in every 100 adults each year. It can affect anyone, but the following groups are at greater risk:

- The very young and the elderly
- Those with low immunity
- Those who are taking some medicines that may suppress immunity
- Those who drink alcohol to excess
- Those who have diabetes

Pneumonia is often mild and can be treated as an outpatient with tablet antibiotics if needed.

Sometimes people are more unwell and need a period of treatment in hospital. In severe infections, pneumonia can be life-threatening.

More information about pneumonia can be found at:

British Lung Foundation

Website: www.blf.org.uk/support-for-you/pneumonia/what-is-pneumonia

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Department

Respiratory

Review due

November 2026

**Patient
Information**

What happens after starting treatment?

Your symptoms should start to improve 2 to 3 days after starting treatment. Most people need a 5 to 7 day course of antibiotics, but may not need to stay in hospital for the whole course. With certain infections or underlying lung conditions, treatment may be longer.

You should expect that:

- your temperature begins to settle within 48 hours of starting antibiotics.
- your temperature should be gone within a week.
- your chest should feel better and you should be producing less phlegm within 4 weeks.
- you should be coughing less and finding it easier to breathe within 6 weeks.
- you may still feel tired after 3 months but the rest of your symptoms should have improved.
- you feel back to normal at 6 months.

If your fever or breathlessness is not improving during the week after discharge, please contact your GP for advice.

If your breathlessness is so bad that you cannot complete sentences, you have worsening chest pain, you become drowsy or you are dizzy when standing, please call 999, as these symptoms may indicate that you need urgent treatment.

Follow up arrangements

If the chest X-ray taken when you came into hospital shows changes of pneumonia, a repeat X-ray will be arranged for around 6 weeks after the initial infection. This is to make sure the pneumonia has cleared.

The repeat X-ray can be performed at the hospital with a radiology department nearest to you (Cheltenham General, Cirencester, Dilke Memorial, Gloucestershire Royal, North Cotswold or Stroud General.)

Patient Information

If the repeat X-ray is normal, you will be notified of the result by letter in 2 to 4 weeks.

If the X-ray shows that the changes have not completely resolved at 6 weeks, we will arrange to see you in the Respiratory Clinic. Further tests or treatment may be needed.

It can be helpful for the team following up your X-ray, if you could let the Respiratory secretaries know when you have had the repeat X-ray. Please call any of the numbers below, Monday to Friday, 9:00am to 5:00pm:

Respiratory secretaries

Tel: 0300 422 6564

Tel: 0300 422 6566

Tel: 0300 422 2877

If you have not had a result of your X-ray after 4 weeks, please contact us on the numbers above.

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

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* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85