

Pneumonia: diagnosis and management

Information for the public

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Pneumonia: the care you should expect

Pneumonia is a type of chest infection, which can be serious. It is caused by an infection of tiny air sacs in the lungs. This makes it hard for your lungs to work properly.

The main symptom of pneumonia is usually a new cough along with at least 1 other symptom, such as:

- bringing up yellow or green phlegm (mucus from the lungs)
- fever
- breathlessness or difficulty breathing
- chest discomfort or pain
- confusion.

Healthcare practitioners usually diagnose pneumonia by asking about your symptoms and examining your chest. If you are in hospital a chest X-ray is usually carried out to confirm the diagnosis. You may have an ultrasound and an X-ray.

Most pneumonia develops outside hospital, in the community (sometimes called community-acquired pneumonia). However, people can also develop pneumonia while they are in hospital with another problem (sometimes called hospital-acquired pneumonia).

We want this guideline to make a difference to people with community-acquired pneumonia by making sure:

- you make a shared decision with your healthcare practitioner about being in hospital, being at home with support from hospital staff or being at home with support from primary care services
- you are started on the most appropriate antibiotic as soon as possible, and within 4 hours of presentation to hospital
- your healthcare practitioner explains that antibiotics can cause side effects, such as diarrhoea and feeling sick
- you know how long symptoms are likely to last after starting antibiotics and when to seek further advice
- for people admitted to hospital:
 - you have a blood test on admission, and 3 or 4 days after starting treatment if you are not getting better
 - tests are undertaken to determine the most appropriate antibiotic, if needed
 - you are offered a corticosteroid in addition to an antibiotic, if needed
 - you are offered a trial of high-flow nasal oxygen, if needed
 - you are offered a follow-up chest X-ray after discharge, if needed.

Taking a corticosteroid will help reduce inflammation of the air sacs in your lungs and reduce the risk of becoming more ill. High-flow nasal oxygen allows more oxygen to get into your lungs, making it easier for you to breathe and to cough up phlegm.

If you have hospital-acquired pneumonia, a sample of your phlegm should be taken to check which bacteria are causing the infection. Your antibiotic may be changed when the results of the test come back.

Making decisions together

Decisions about treatment and care are best when they are made together. Your healthcare practitioners should give you clear information, talk with you about your options and listen carefully to your views and concerns.

To help you make decisions, think about:

- What are you most worried about – are there aspects of pneumonia and its treatment that worry you more than others?
- Whether there are changes you can make to help control your pneumonia, such as stopping smoking.
- What are your priorities? Would you prefer to be treated at home despite limited access to healthcare practitioners, or would you prefer to be in hospital so you can be carefully monitored?

If you need more support to understand the information you are given, tell your healthcare professional.

Read more about [making decisions about your care](#).

Where can I find out more?

The [NHS website](#) has more information about pneumonia.

The following organisation can give you more advice and support.

- [Asthma + Lung UK](#), 0300 222 5800

For further information, please also see [BMJ's patient information on pneumonia](#).

NICE is not responsible for the content of these websites.

To share an experience of care you have received, contact your local [Healthwatch](#).

We wrote this guideline with people who have been affected by pneumonia and staff who treat and support them. All the decisions are based on the best research available.

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