**SHC Community Acquired Pneumonia: ABX Selection Guidelines**

**Exclusions:**
- Hospital associated pneumonia
- Aspiration pneumonia
- Receipt of antibiotics in the last 3 months for any reason (risk for drug resistance – use alternative class)
- Transplant and Oncology patients –coordinate with specialty teams for recommended treatment

**Diagnosis:** demonstrable infiltrate by chest radiograph or other imaging technique, with or without supporting microbiological data, is required for the diagnosis of pneumonia

**Duration of therapy:** Guidelines recommend and data supports at least 5 days of therapy with discontinuation of antibiotics when patients are afebrile for ≥ 48 hours and have no more than 1 sign of CAP-associated sign of clinical instability (HR ≤ 100 beats/min; RR ≤ 24 breaths/min; SBP ≥ 90 mm Hg; oxygen saturation ≥ 90%)1, 4

### Bacterial pneumonia

#### Empiric regimen

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Initial regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Azithromycin 1.5g total dose (500mg x 3 days or 500mg x 1 day, then 250mg x 4 days)</td>
<td>1. Amoxicillin 1g q8h ± atypical coverage† to complete a 5-7 day course</td>
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</tbody>
</table>

*Note: Doxycycline monotherapy is not recommended based on 2017 SHC antibiogram data showing >25% doxycycline resistance in S. pneumoniae isolates. If comorbidities† or risk factors for drug-resistant S. pneumoniae present:*

| 2. Cefpodoxime 200mg q12h or cefdinir 300mg BID (not SHC formulary) ± atypical coverage‡ to complete a 5-7 day course | 2. Cefpodoxime 200mg q12h or cefdinir 300mg BID (not SHC formulary) ± atypical coverage‡ to complete a 5-7 day course |
| 3. Levofloxacin 750mg q24h (complete 5-7 day course) | 3. Levofloxacin 750mg q24h (complete 5-7 day course) |

†Comorbidities included in IDSA guidelines: COPD, liver or renal disease, cancer, diabetes, congestive heart failure, alcoholism, asplenia, ABX use in the last 3 months, and immunosuppression

#### PO regimens in this table.

**Viral pneumonia**

<table>
<thead>
<tr>
<th>If influenza present in the community and symptoms compatible with influenza, no testing recommended for outpatients</th>
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<tbody>
<tr>
<td>1. Oseltamivir 75 mg twice daily X 5 days</td>
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</table>
References:

Document Information:
A. Original author/date: ASP/SASS team in conjunction with High Value Care 1/2016
B. Gatekeeper: Antimicrobial Stewardship Program
C. Review and Renewal Requirement
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