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

Outpatient

Empiric regimen
1. Azithromycin 1.5g total dose (500mg x 3 days or 500mg x 1 day, then 250mg x 4 days) 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: 1. Amoxicillin 1g q8h **±** 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) †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

Inpatients, ED (non-ICU)

Initial regimen
1. CTX 1g q24h + azithromycin 500mg PO q24h 2. CTX 1g q24h + doxycycline 100mg PO q12h 3. Levofloxacin 750mg IV/PO q24h (for b-lactam allergy) – Avoid if suspicion of TB Note: it is not necessary to start all CAP patients on IV therapy if they can tolerate oral therapy and are clinically stable
When patient is clinically improving and tolerating PO
1. Amoxicillin 1g q8h **±** atypical coverage‡ to complete a 5-7 day course 2. Cefpodoxime 200mg q12h or cefdinir 300mg BID (non-formulary at SHC) **±** atypical coverage‡ to complete a 5-7 day course 3. Levofloxacin 750mg q24h (complete 5-7 day course) ‡atypical coverage: • azithromycin total dose of 1.5 g (500mg x 3 days -OR- 500mg x 1 day then 250-500mg x 4 days) • doxycycline 100mg q12h to complete 5-7 day course Note: ED patients directly discharged to home may use outpatient regimens in outpatient table or the PO regimens in this table.

Viral pneumonia

If influenza present in the community and symptoms compatible with influenza, no testing recommended for outpatients
1. Oseltamivir 75 mg twice daily X 5 days

References:

1. Mandell, Lionel A., et al. "Infectious Diseases Society of America/American Thoracic Society consensus guidelines on the management of community-acquired pneumonia in adults." CID 44.Supp 2 (2007): S27-S72.
2. Garin, Nicolas, et al. *JAMA internal medicine* 174.12 (2014): 1894-1901.
3. Postma, Douwe F., et al. *New England Journal of Medicine* 372.14 (2015): 1312-1323.
4. Uranga, Ane et al. Duration of Antibiotic Treatment in Community-Acquired Pneumonia A Multicenter Randomized Clinical Trial JAMA Intern Med. 2016;176(9):1257-1265. doi:10.1001/jamainternmed.2016.3633

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