WFUBMC Community Acquired Pneumonia (CAP) Treatment Guide for Adults

Attention: Please Document in Medical Record What Risk Factors are Present		**Patient Type**	**Treatment[a]**	**If Severe Penicillin Allergy[a,d]**
<u>Pseudomonas Risk Factors</u> • Structural Lung Disease (e.g. bronchiectasis, cystic fibrosis, etc.) • Broad spectrum antibiotics within the past 3 months • Long-term corticosteroid therapy • History of positive culture for Pseudomonas • AIDS with CD4 count < 50 ****Note: If patient is a resident of a nursing home, please refer to WFUBMC Hospital-Acquired Pneumonia (HAP) Guide instead. See back of card for complete list of risk factors for healthcare-associated pneumonia.** **<u>CA-MRSA[i] Risk Factors</u>** • Necrotizing pneumonia or cavitary infiltrates on chest radiograph • Post-influenza pneumonia • History of positive culture for MRSA (i.e. colonized with MRSA)		**Outpatient** No Significant Past Medical History	Azithromycin 500mg PO x 1, then 250mg PO Q24h[b]	Azithromycin (see left) or Doxycycline 100mg PO Q12h
		Significant comorbidities or antibiotic exposure in past 3 months (Note: For patients with recent antibiotic exposure, use a different antibiotic class than what was prescribed previously) **See footnote E**	Amoxicillin 1,000mg PO TID ***plus*** Azithromycin 500mg PO x 1, then 250mg PO Q24h[b] **OR** Amoxicillin/clavulanate 875mg PO Q12h ***plus*** Azithromycin 500mg PO x 1, then 250mg PO Q24h[b] **OR** Moxifloxacin 400mg PO Q24h[e]	Moxifloxacin 400mg PO Q24h
		No Pseudomonas Risk Factors		
		Hospitalized to ward	Moxifloxacin 400mg PO/IV Q24h[f] **OR** Ceftriaxone 1gm IV Q24h ***plus*** Azithromycin 500mg PO/IV QD[c] **OR** Ampicillin/sulbactam 3gm IV Q6h[f] ***plus*** Azithromycin 500mg PO/IV Q24h[c]	Moxifloxacin 400mg PO/IV Q24h[f]
		Hospitalized to ICU	Ceftriaxone 2gm IV Q24h ***plus*** Azithromycin 500mg IV Q24h[g]	Moxifloxacin 400mg IV Q24h[f] ***plus*** Vancomycin IV
		Pseudomonas Risk Factor(s) Present (see list to left)		
		Hospitalized to ward or ICU	[Piperacillin/tazobactam 4.5gm IV Q6h[f] ***or*** Cefepime 2gm IV Q12h] ***plus*** Azithromycin 500mg IV Q24h ***plus*** Amikacin[g,h] **Consider PO azithromycin if admitted to ward**	Preferred initial regimen: Moxifloxacin 400mg IV Q24h ***plus*** Aztreonam 1gm IV Q8h ***plus*** Amikacin[g,h] **See footnote J**

Footnotes

a. Dosing assumes normal renal function

b. Dosing is equivalent to a Z-pak

c. Azithromycin may be given orally from day 1 if tolerated

d. Examples of severe penicillin allergy include anaphylaxis, hives, or other immediate-type hypersensitivity reaction

e. Moxifloxacin should be reserved for patients with radiographic evidence of pneumonia ***and*** one of these concurrent factors: COPD (FEV_1 < 1L), prior antibiotic use, or corticosteroids >3 months

f. Select option containing this drug when treating suspected anaerobic infection following macro-aspiration

g. Consider adding vancomycin if CA-MRSA risk factors present (see list above).

h. **Discontinue amikacin if cultures of respiratory specimens, pleural fluid, and/or blood reveal a bacteria susceptible to other antimicrobials. If cultures do not reveal a pathogen, consider short course amikacin (e.g. 3-5 days) if clinical response is adequate or risks of nephrotoxicity are apparent.**

i. CA-MRSA = Community-associated methicillin-resistant *Staphylococcus aureus*

j. If cultures reveal a Gram negative susceptible to ciprofloxacin, consider de-escalating to ciprofloxacin monotherapy as this will convey a considerable cost savings. The dose for normal renal function = 400mg IV Q8h or 750mg PO Q12h.

Risk Factors for Healthcare-Associated Pneumonia (i.e. use HAP guide if present)

- Antibiotic treatment within previous 90 days
- Hospitalization for ≥ 2 days in the 90 days prior to current admission
- Residence in nursing home or extended care facility
- Receiving home infusion therapy
- Receiving home wound care
- Chronic dialysis within 30 days
- Family member with a multi-drug resistant pathogen
- Immunosuppressive disease or therapy

Need antibiotic advice? Page the CAUSE delegate at 806-6494.

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