

Wake Forest Baptist Medical Center – Emergency Department Healthcare Associated Pneumonia (HCAP) Guide

Risk Factors for Healthcare-Associated Pneumonia (HCAP) (MUST document “HCAP” in T-system Chart)

- Hospitalization for ≥ 2 days in the 90 days prior to current admission
- Antibiotic treatment within previous 90 days; must document “HCAP”
- Residence in nursing home or extended care facility
- Receiving home infusion therapy
- Receiving home wound care / chronic trach care
- Chronic dialysis within 30 days
- Immunosuppressive disease or therapy

Vancomycin
PLUS EITHER
Cefepime 2 gm q12h
OR
Piperacillin/Tazobactam 4.5 gm q6h

ADD Amikacin* if

Anticipated ICU Admission
History of infection due to gram negative bacteria resistant to Pip-Tazo or Cefepime
History of ≥ 7 days anti-pseudomonal antibiotic in past 90 days
Extensive hospitalization in past 30 days

* Tobramycin is an acceptable alternative if amikacin is unavailable

Cultures: ED requirement is for blood cultures in ICU patients; all cultures should be obtained prior to antibiotics. [Note: Acceptable methods for obtaining HCAP culture information include protected specimen brush, bronchial alveolar lavage, and tracheal aspirate. Not required in the ED.]

Principles on Which Guidelines are Based

1. Adequate empiric therapy: Giving initial empiric therapy that covers the causative pathogen(s), i.e. “adequate” therapy, yields improved outcomes when compared with “inadequate” initial therapy. Therefore it is important that the initial empiric antibiotic regimen covers the most likely pathogens.
2. Double gram-negative therapy: The purpose of using “double gram negative therapy” is to expand the likelihood of covering the causative pathogen with an initial empiric regimen. In most cases, using two antibiotics as definitive treatment of a single gram negative organism offers no advantage over using a single active drug.
3. Careful consideration should be given to colonizing multi-drug resistant organisms and previously infecting organisms when prescribing empiric antibiotics for HCAP.