EMPIRIC TREATMENT OF COMMUNITY-ACQUIRED PNA IN NON-ICU PATIENTS^

Community-acquired pneumonia is defined as pneumonia acquired outside of a hospital. Pneumonia diagnosis should be based on at least 2 clinical signs/symptoms of pneumonia plus radiographic findings with no alternative explanation.

HMS PREFERRED THERAPY for patients with non-life threatening pencillin allergy (without anaphylaxis, angioedema, hives)	ALTERNATIVE BUT HMS NON-PREFERRED Preferred for patients with cephalosporin allergy, allergy to both macrolides and doxycycline/tetracycline, or severe penicillin allergy.
Ampicillin-Sulbactam 3gm IV q6h **OR** Ceftriaxone 1-2 gm IV q24h **PLUS** Azithromycin 500mg IV/PO x 1 day, then 250mg q24h x 4 days* **OR** Clarithromycin 500mg PO BID **OR** Doxycycline 100mg PO BID	Levofloxacin 750 mg PO/IV Once Daily **OR** Moxifloxacin 400mg PO/IV Once Daily

*Azithromycin may also be given as 500 mg daily x 3 days (for total dose of 1500 mg).
*Consider substituting doxycycline for azithromycin in patients with a macrolide allergy or at risk for prolonged QT interval.

ORAL STEP-DOWN THERAPY WHEN NO ETIOLOGIC PATHOGEN IDENTIFIED FOR CAP**

Amoxicillin (1g PO 3 x daily)
Amoxicillin/clavulanate (2g PO 2 x daily)
Cefpodoxime (200mg PO 2 x daily)
Cefdinir (300mg PO 2 x daily)
Cefditoren (400mg PO 2 x daily)
Cefuroxime (500mg PO 2 x daily)

+/-

Azithromycin, Doxycyline, or Clarithromycin
(see dosing above)

Alternatives: Levofloxcin or Moxifloxacin in setting of severe PCN allergy

^Excludes patients with a previous culture positive for MRSA or resistant gram-negative organism in the past year OR patients with severe CAP who were hospitalized and received IV antibiotics in the previous 90 days.
**Suggested dosing only. Please individualize based on renal function or other pertinent clinical factors.
Anaerobic coverage is not routinely warranted in non-critically ill patients with aspiration pneumonia.
For more detail about these guidelines, please see the Treatment of Community-Acquired Pneumonia Guidelines published by HMS.

THERAPY DURATION & ORAL STEP-DOWN THERAPY RECOMMENDATIONS FOR PATIENTS WITH CAP

DEFINTIONS OF UNCOMPLICATED CAP & COMPLICATED CAP	
UNCOMPLICATED CAP	Patients who do not meet any of the criteria below.
COMPLICATED CAP	Patients with structural lung disease (e.g. bronchiectasis, pulmonary fibrosis, interstitial lung disease); moderate/severe COPD (excluding COPD exacerbation without pneumonia); documented pneumonia with MRSA, MSSA, or Pseudomonas (or other non-fermenter/gram negative pneumonia); or those who are immunosuppressed.

DURATION OF ANTIMICROBIAL THERAPY (INCLUDES IV & ORAL)		
UNCOMPLICATED CAP	**3 Days** if NO signs of clinical instability* [or if able to discharge] by day 3 of treatment	**5 Days** if patient has ***no more than one*** sign of clinical instability* by day 5 of treatment Therapy can be continued for patients who are febrile or clinically unstable* on day 5 of treatment
COMPLICATED CAP	**7 Days** if patient has ***no more than one*** sign of clinical instability* by day 7 of treatment (Note: Azithromycin total dose should be no more than 1500 mg) Therapy can be continued for patients who are febrile or clinically unstable* on day 7 of treatment	

**Signs of Clinical Instability:* Febrile (>37.8 C), O2 saturation < 90% or new/higher oxygen requirement, HR ≥ 100 bpm, RR ≥ 24 bpm, SBP <90 mmHg, altered mental status (different than baseline)

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