

CAP it at FIVE

MiChart Intervention – “Stop and Think”

April 7, 2025

“STOP AND THINK”

Discharge

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✕

Review Home Medications 1. Problem List ****STOP AND THINK**** 2. Review Orders for Discharge 3. New Orders

CAP IT AT 5

This patient is receiving antibiotic therapy and has an active encounter diagnosis related to community acquired pneumonia. Please review the current guidelines to prevent exceeding the recommended days of therapy prior to ordering outpatient medications. For uncomplicated, non-severe CAP, the current guidelines recommend 5 TOTAL days antibiotics.

Link to Guidelines: [Pneumonia](#)

Link to Hospital Antibiotic Summary [Antibiotics](#)

Does patient have non-severe, uncomplicated CAP?

✓ Close

✕ Cancel

← Previous

Next →



STOP AND THINK

Will only appear when:

1. There is a diagnosis related to CAP AND
2. The patient is prescribed an antibiotic consistent with CAP treatment

Link to Guidelines

Discharge

Review Home Medications 1. Problem List

CAP IT AT 5

This patient is receiving antibiotic therapy for acquired pneumonia. Please review the current therapy prior to ordering outpatient medication. We recommend 5 TOTAL days antibiotics.

Link to Guidelines: [Pneumonia](#)

Link to Hospital Antibiotic Summary: [Antibiotics](#)

Does patient have non-severe, uncomplicated CAP? ☐ Yes ☒ No

Reason:

ANTIMICROBIAL STEWARDSHIP

Home Meet the Team Guidelines COpAT More

Treatment Pathway for Adult Patients with Pneumonia

The purpose of this document is to guide the appropriate treatment of adult patients presenting with pneumonia. Three pathways with different empiric treatment regimens based on risk of infection with multidrug-resistant (MDR) pathogens (including MRSA, Pseudomonas spp., Acinetobacter spp., organisms not susceptible to beta-lactams (ceftriaxone or ampicillin-sulbactam) and/or fluoroquinolones (ciprofloxacin, levofloxacin)) are shown below.

Pathway A	Pathway B	Pathway C	Footnotes
<pre>graph TD Start([Review cultures (blood and respiratory) from past year to guide empiric antibiotic choice]) --> SeverePneumonia{Severe pneumonia} SeverePneumonia -- No --> PathwayA([Pathway A Ampicillin-sulbactam + Azithromycin]) SeverePneumonia -- Yes --> IVAntibiotics{IV antibiotics in the previous 90 days?} IVAntibiotics -- No --> PathwayA IVAntibiotics -- Yes --> PathwayB([Pathway B Cefepime (if abramycin is admitted to ICU) + Vancomycin + Azithromycin])</pre>			
Community-acquired: This includes all patients presenting from the community, including nursing homes, dialysis patients, LTC, recent hospitalization			
Severe immunocompromised: • AIDS (CD4 < 200) • Neutropenia (ANC < 1000) • Lung Transplant • Solid organ transplant < 1 year or rejection < 6 months • Allogeneic stem cell transplant < 1 year or with GVHD			
Certain Moderate immunocompromised patients: Not get empirical CAP therapy (pathway A) if they are admitted to the floor (non-ICU) and have not had IV antibiotics in the prior 90 days (including): • Solid tumor or hematologic • Hematologic malignancy • Solid organ transplant (non-lung) > 1 year • Asplenia • Patients receiving immunosuppressive medications (e.g., TGF-α inhibitors, rituximab, statins, methotrexate)			
Severe pneumonia: • Requiring ICU (ECG included) • Severe shock • High concern for transfer to ICU			

Indication	Empiric Therapy	Duration of Therapy	Comments
Pathway A			

Link to Hospital Antibiotic Summary

Discharge

STOP & THINK for Cpoe-Seiler, Frigg

Administered CAP Antibiotics (last 2160 hours)

Date/Time	Action	Medication	Dose
04/01/25 1300	Given	amoxicillin-clavulanate (AUGMENTIN) 875-125 mg 1 tablet	1 tablet

Close

Select a pharmacy

Remove All

“STOP AND THINK” – “Yes” to both questions

Summary Chart Review Results Review Synopsis Notes Orders Charges Bedside Procedure Admission Transfer Discharge Discharge ...

Discharge

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CAP IT AT 5

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Link to Guidelines: [Pneumonia](#)

Link to Hospital Antibiotic Summary: [Antibiotics](#)

Does patient have non-severe, uncomplicated CAP?

Antibiotics limited to total of 5 days from initial treatment?

Thanks, great work!

“STOP AND THINK”

“Yes” to first question and “No” to second question

Summary Chart Review Results Review Synopsis Notes Orders Charges Bedside Procedure Admission Transfer Discharge Discharge ...

Discharge

Review Home Medications 1. Problem List ****STOP AND THINK**** 2. Review Orders for Discharge 3. New Orders

CAP IT AT 5

This patient is receiving antibiotic therapy and has an active encounter diagnosis related to community acquired pneumonia. Please review the current guidelines to prevent exceeding the recommended days of therapy prior to ordering outpatient medications. For uncomplicated, non-severe CAP, the current guidelines recommend 5 TOTAL days antibiotics.

Link to Guidelines: [Pneumonia](#)

Link to Hospital Antibiotic Summary: [Antibiotics](#)

Does patient have non-severe, uncomplicated CAP?

Antibiotics limited to total of 5 days from initial treatment?

Please review above guidelines and limit to 5 total days from initial antibiotic dose



“STOP AND THINK” – “No” to first question

Discharge

Review Home Medications 1. Problem List ****STOP AND THINK**** 2. Review Orders for Discharge 3. New Orders

CAP IT AT 5

This patient is receiving antibiotic therapy and has an active encounter diagnosis related to community acquired pneumonia. Please review the current guidelines to prevent exceeding the recommended days of therapy prior to ordering outpatient medications. For uncomplicated, non-severe CAP, the current guidelines recommend 5 TOTAL days antibiotics.

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Link to Hospital Antibiotic Summary: [Antibiotics](#)

Does patient have non-severe, uncomplicated CAP?

Reason:

Please clarify:



Best Practice Reminders

1. Put antibiotic start/stop dates and expected duration in your H/P and notes!
2. Put “total days duration” in your initial order.
3. Look back and see prior antibiotic given.