

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

Community-acquired pneumonia is defined as pneumonia acquired outside of hospitals.

HMS PREFERRED THERAPY for patients with non-life threatening penicillin 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 1gm 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

*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)	<div style="text-align: center;"> + / - </div> Azithromycin, Doxycycline, or Clarithromycin (see dosing above)
<i>Alternatives: Levofloxacin or Moxifloxacin in setting of severe PCN allergy</i>	

[^]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

DEFINITIONS 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	<p>5 Days if patient is afebrile for 48 hours and has <i>no more than one</i> sign of clinical instability* by day 5 of treatment</p> <p>Therapy can be continued for patients who are febrile or clinically unstable* on day 5 of treatment</p>
COMPLICATED CAP	<p>7 Days if patient is afebrile for 48 hours and has <i>no more than one</i> sign of clinical instability* by day 7 of treatment (Note: Azithromycin duration should be no more than 5 days)</p> <p>Therapy can be continued for patients who are febrile or clinically unstable* on day 7 of treatment</p>

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

