### ANMC Adult Ambulatory Community-Acquired Pneumonia (CAP) Treatment Guideline

#### Most Common Etiologies

| Bacterial: S. pneumoniae, Mycoplasma pneumoniae, H. influenza, Chlamydia pneumoniae |

Respiratory viruses (influenza A & B, adenovirus, respiratory syncytial virus, parainfluenza)

#### Diagnostic Criteria Tools

**Adult CURB-65 score (0-1) Manage as Outpatient**
- Confusion
- Blood Urea nitrogen > 20 mg/dL
- Respiratory rate ≥ 30 breaths/min
- Blood pressure: SBP < 90 or DBP ≤ 60 mmHg
- Age ≥ 65 years

**Respiratory distress & hypoxemia on room air is a mitigating factor for admission in adults, children and infants.**

#### Symptoms

- Productive cough
- Chest pain
- Dyspnea/Shortness of breath
- Diminished breath sounds
- Crackles not cleared with coughing
- Abdominal pain
- +/- Fever

#### Testing/Imaging

- Chest x-ray
- Pulse Oximetry

#### Duration of Therapy

- Typically healthy, no structural lung disease: **5 days**
- Moderate immunocompromised, moderate structural lung disease (ie. diabetes, asplenia): **7 days**

#### Antibiotic Selection

**All adult patients** including those with:
- Comorbidities including chronic heart, lung, liver, or renal disease; bronchiectasis; diabetes mellitus; alcoholism; malignancies; asplenia
- Immunosuppressing conditions or use of immunosuppressant medications;
- Repeat COPD exacerbations with frequent steroid or abx use.
- Antimicrobial use within the previous 3 months

<table>
<thead>
<tr>
<th>Preferred Treatment</th>
<th>Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amoxicillin 1gm PO TID x 5-7 days</strong> PLUS</td>
<td><strong>Cefuroxime 500mg PO BID x 5-7 days PLUS</strong></td>
</tr>
<tr>
<td><strong>Azithromycin 500mg PO daily x 3 days</strong></td>
<td><strong>Azithromycin 500mg PO daily x 3 days</strong></td>
</tr>
</tbody>
</table>

**Non-anaphylactic PCN allergy:**
- **Levofloxacin 750mg PO daily x 5 days**

**Anaphylactic PCN allergy:**
- **Levofloxacin 750mg PO daily x 5 days**

#### CONSIDERATIONS

- In previously healthy individuals with no recent antibiotic therapy within previous 3 months, and no risk for drug-resistant *S. pneumoniae*, Doxycycline 100mg PO BID monotherapy may be considered.
- Azithromycin monotherapy is no longer recommended in any circumstance for treatment of community-acquired pneumonia due to resistance rates >25%.
- PCR respiratory pathogen panel testing is discouraged in the ambulatory setting. If concern for viral respiratory illnesses, influenza PCR can be ordered, see ANMC influenza guideline for additional details.

**REFERENCES:** Mandell IDSA/ATS Consensus Guideline CAP in Adults CID 2007:44(Suppl2)