

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

Common Etiologies	Pneumonia Severity Index (PSI) Scoring Tool					Risk Class (Points)	Mortality (%)	Recommended site of care
Bacterial: <i>S. pneumoniae</i> , <i>H. influenzae</i> , <i>Chlamydia pneumoniae</i> , <i>Mycoplasma pneumoniae</i> , <i>M. catarrhalis</i> Respiratory viruses (influenza A & B, adenovirus, respiratory syncytial virus, parainfluenza)	Diagnostic Criteria Tools							
	<u>Demographics</u>	<u>Comorbidities</u>	<u>Physical Exam/Vitals</u>	<u>Labs/Imaging</u>				
	• Age (1 point per year)	• Neoplasia +30	• Confusion +20	• Arterial pH <7.35 +30		I (<50)	0.1	Outpatient
	-Male (Age)	• Liver disease +20	• Resp rate >30 +20	• BUN >30mg/dL +20		II (51-70)	0.6	Outpatient
	-Female (Age -10)	• Heart Failure +10	• SBP <90 +20	• Sodium <130 +20		III (71-90)	2.8	Outpatient or brief inpatient
	• Nursing home residency +10	• Cerebrovascular disease +10	• Temperature <35C or >40C +15	• Glucose >250 +10		IV (91-130)	8.2	Inpatient
	• Renal disease +10	• HR >125 bpm +15	• Hematocrit <30% +10		V (>130)	29.2	Inpatient	

Symptoms	Testing/Imaging	Duration of Therapy
<ul style="list-style-type: none"> Productive cough Chest pain Dyspnea/Shortness of breath Diminished breath sounds Crackles not cleared with coughing Abdominal pain +/- Fever 	<ul style="list-style-type: none"> Chest x-ray Pulse Oximetry 	<ul style="list-style-type: none"> Typically healthy, no structural lung disease: 5 days Moderately immunocompromised, moderate structural lung disease (ie. diabetes, asplenia): 7 days

Antibiotic Selection

	Preferred Treatment	Alternatives
Azithromycin monotherapy is no longer recommended in any circumstance for treatment of community-acquired pneumonia due to local resistance rates >25%.		
No comorbidities or risk factors for MRSA or <i>Pseudomonas aeruginosa</i>	<ul style="list-style-type: none"> Amoxicillin 1gm PO TID x5-7 days 	<ul style="list-style-type: none"> Doxycycline 100mg PO BID x5-7 days
Comorbidities present*	<ul style="list-style-type: none"> Amoxicillin/Clavulanate 875mg/125mg PO BID x 5-7 days PLUS Azithromycin 500mg PO daily x 3 days 	<p><u>Non-anaphylactic PCN allergy:</u></p> <ul style="list-style-type: none"> Cefuroxime 500mg PO BID x 5-7 days PLUS Azithromycin 500mg PO daily x 3 days <p><u>Anaphylactic PCN allergy:</u></p> <ul style="list-style-type: none"> Levofloxacin 750mg PO daily x 5 days
Risk factors for MRSA or <i>Pseudomonas aeruginosa</i>	<ul style="list-style-type: none"> Treatment should be based on previous culture & susceptibility, IV antimicrobials may be required 	

CONSIDERATIONS

- 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.
- *Consider additional **Amoxicillin 1g BID** in addition to **Augmentin** for CAP complicated by empyema, asplenia or *Strep pneumoniae* PenG MIC 2-4

ANMC Associated Powerplan: AMB Adult Ambulatory Community Acquired Pneumonia (CAP) Antimicrobial Stewardship Program Approved 2016; Updated December 2019

REFERENCES: Metlay et al. IDSA/ATS Consensus Guideline CAP in Adults. Am J Respir Crit Care. 2019;200(7):e45-e67.