

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

Common Etiologies		Diagnostic Criteria Tools						
<p>Bacterial: <i>S. pneumoniae</i>, <i>H. influenzae</i>, <i>Chlamydia pneumoniae</i>, <i>Mycoplasma pneumoniae</i>, <i>M. catarrhalis</i></p> <p>Respiratory viruses (influenza A & B, COVID-19, adenovirus, respiratory syncytial virus, parainfluenza)</p>	Pneumonia Severity Index (PSI) Scoring Tool					Risk Class (Points)	Mortality (%)	Recommended site of care
	<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	• Hematocrit <30% +10		IV (91-130)	8.2	Inpatient
	• Renal disease +10	• HR >125 bpm +15	• Pleural Effusion +10		V (>130)	29.2	Inpatient	
			• PaO2 <60 +10					
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"> Comorbidities including chronic heart, lung, liver, or renal disease; diabetes mellitus; alcoholism; malignancy; asplenia 	<ul style="list-style-type: none"> Amoxicillin/Clavulanate 875mg/125mg PO BID x 5-7 days PLUS Azithromycin 500mg PO daily x 3 days 			Non-anaphylactic PCN allergy: <ul style="list-style-type: none"> Cefuroxime 500mg PO BID x 5-7 days PLUS Azithromycin 500mg PO daily x 3 days Anaphylactic PCN allergy: <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"> Prior respiratory isolation of MRSA or <i>P. aeruginosa</i>; OR Recent hospitalization AND receipt of parenteral antibiotics in previous 90 days 	<ul style="list-style-type: none"> Treatment should be based on previous culture & susceptibility, IV antimicrobials may be required 							
CONSIDERATIONS								
<ul style="list-style-type: none"> 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 <i>Strep pneumoniae</i> PenG MIC 2-4 								