

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

Most Common Etiologies	Diagnostic Criteria Tools
<p><u>Bacterial</u>: <i>S. pneumoniae</i>, <i>Mycoplasma pneumoniae</i>, <i>H. influenzae</i>, <i>Chlamydomphila pneumoniae</i></p> <p>Respiratory viruses (influenza A & B, adenovirus, respiratory syncytial virus, parainfluenza)</p>	<p>Adult CURB-65 score (0-1) Manage as Outpatient</p> <p><u>C</u>onfusion <u>B</u>lood <u>U</u>rea nitrogen > 20 mg/dL <u>R</u>espiratory rate ≥ 30 breaths/min <u>B</u>lood pressure: SBP < 90 or DBP ≤ 60 mmHg Age ≥ <u>65</u> years</p> <p style="text-align: right;"><i>Respiratory distress & hypoxemia on room air is a mitigating factor for admission in adults, children and infants.</i></p>

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 Moderate immunocompromised, moderate structural lung disease (ie. diabetes, asplenia): 7 days

Antibiotic Selection

	Preferred Treatment	Alternatives
<p>All adult patients including those with:</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Amoxicillin 1gm PO TID 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

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.

Antimicrobial Stewardship Program Approved 2016; Updated June 19, 2019