

Community-acquired pneumonia (Outpatient Treatment)

This is a summation of guidelines from the IDSA and ATS.

Criteria for Antibiotics

Newly recognized pulmonary infiltrate(s) on chest imaging.

And at least one respiratory symptom

And at least one other symptom/sign or finding

Respiratory symptoms (at least one)

- New or increased cough.
- New or increased sputum production.
- Dyspnea
- Pleuritic chest pain

Other Signs or Findings (at least one)

- Abnormal lung sounds (rhonchi or rales)
- Fever ($\geq 100.4^\circ\text{F}$)
- Leukocytosis or unexplained bandemia (above the normal limits for laboratory)
- Hypoxia (90%)

FIRST LINE (ADULTS)

For healthy outpatient adults without comorbidities:

- Amoxicillin 1g orally three times day plus Azithromycin or Doxycycline*

For outpatient adults with comorbidities such as chronic heart, lung, liver, or renal disease, diabetes mellitus, alcoholism, malignancy, or asplenia.

- Amoxicillin-Clavulanate 875mg/125mg orally twice daily plus Azithromycin or Doxycycline*
- Cefpodoxime 200mg orally twice daily plus Azithromycin or Doxycycline*

*Dose of Azithromycin 500mg orally once daily

*Dose of Doxycycline 100mg orally twice daily

Note: Azithromycin orally can be replaced by Clarithromycin 500mg orally twice daily.

DURATION: 5 days.

SECOND LINE (ADULTS)

- Levofloxacin 750mg orally once daily for 5 days

Consider Levofloxacin as the first line if allergic to Beta-Lactam or has COPD.

HISTORY OF MRSA COLONIZATION

- Vancomycin per hospital guidelines.
- Linezolid 600mg orally twice daily for 10-14 days

DOSAGES ARE FOR PATIENTS WITH NORMAL RENAL FUNCTION

REFERENCES

- Armstrong C. Community-Acquired Pneumonia: Updated Recommendations from the ATS and IDSA. *afp*. 2020;102(2):121-124.

- Metlay JP, Waterer GW, Long AC, et al. Diagnosis and Treatment of Adults with Community-acquired Pneumonia. An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America. *Am J Respir Crit Care Med*. 2019;200(7):e45-e67. doi:10.1164/rccm.201908-1581ST

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Criteria for Antibiotics

Includes one major criterion OR three or more minor criteria

Major criteria: 1. Septic shock with the need for vasopressors

2. Respiratory failure requiring mechanical ventilation

Minor criteria: 1. Respiratory rate ≥ 30 breaths/min

2. PaO₂ /FiO₂ ratio ≤ 250

3. Multilobar (i.e., ≥ 2) infiltrates

4. Confusion/disorientation

5. Uremia (blood urea nitrogen level ≥ 20 mg/dl)

6. Leukopenia (WBC < 4000 cells/ uL)

7. Thrombocytopenia (platelet count $< 100,000$ /uL)

8. Hypothermia (core temperature < 36 degrees Celsius)

9. Hypotension requiring aggressive fluid resuscitation

FIRST LINE (ADULTS)

Choose one of the following medications:

- Ampicillin/sulbactam 1.5g-3g IV every 6 hours plus Azithromycin or Doxycycline*

- Ceftriaxone 1-2g IV daily (2g if >80 kg) plus Azithromycin or Doxycycline*

- Cefotaxime 1-2g IV every 8 hours plus Azithromycin or Doxycycline*

*Dose of Azithromycin 500mg IV/Orally once daily

*Dose of Doxycycline 100mg IV/Orally twice daily

Note: Azithromycin IV/Orally can be replaced by Clarithromycin 500mg IV/Orally twice daily.

DURATION: At least 5 days

SECOND LINE (ADULTS)

- Levofloxacin 750mg IV once daily for ≥ 5 days

Consider Levofloxacin as first line if allergic to Beta Lactam

HISTORY OF MRSA COLONIZATION

- Vancomycin per hospital guidelines.

- Linezolid 600mg IV twice daily for 10 to 14 days

HISTORY OF PSEUDOMONAS AERUGINOSA COLONIZATION

Choose one of the medications from each column:

- Piperacillin/tazobactam 4.5g IV every 6 hours

- Cefepime 2g IV every 8 hours

- Ceftazidime 2g IV every 8 hours

- Imipenem 500mg IV every 6 hours

- Meropenem 1000mg IV every 8 hours



- Azithromycin 500mg IV/PO daily

- Clarithromycin 500mg IV/PO every 12 hours

- Doxycycline 100mg IV/PO every 12 hours

- Levofloxacin 750mg IV/PO daily

- Moxifloxacin 400mg IV/PO daily

DURATION: 10-14 DAYS

DOSAGES ARE FOR PATIENTS WITH NORMAL RENAL FUNCTION

REFERENCES

- Armstrong C. Community-Acquired Pneumonia: Updated Recommendations from the ATS and IDSA. *afp*. 2020;102(2):121-124.

- Metlay JP, Waterer GW, Long AC, et al. Diagnosis and Treatment of Adults with Community-acquired Pneumonia. An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America. *Am J Respir Crit Care Med*. 2019;200(7):e45-e67. doi:10.1164/rccm.201908-1581ST

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