Sharp Healthcare Treatment Guidelines for Pneumonia

Take Home Points:

1. Viruses are the most common cause for community-acquired pneumonia leading to hospitalization
   - Consider stopping antibiotics if viral studies positive and no bacterial pathogen found
   - Procalcitonin at baseline flu patients 12-2022.docx

2. Treat HCAP the same as CAP
   - Assess for high risk factors associated with MRSA and Pseudomonas pneumonia. See below

3. Reserve empiric double-covering pseudomonas only for patients with septic shock on pressors.

4. All cephalosporins included in this guidance are considered safe alternatives in patients with penicillin allergy, including Type I anaphylaxis (see Policy 43008)

Indication	Inpatient Therapy	Transition to Outpatient Therapy	Total Duration
HCAP - treat similarly to CAP unless high risk for drug resistant organisms (i.e. septic shock, immunocompromised, or receipt of IV antibiotics in last 90 days)			
CAP ***OR*** HCAP (no pseudomonas risk)	Ceftriaxone 2g IV q24h + Azithromycin 500mg q24h ± Vancomycin IV or Linezolid 600mg IV q12h (only if MRSA from clinical site (not just from nares) within the last year; consider for post-influenza pneumonia, cavitary pneumonia, empyema)	Azithromycin 500mg PO daily ± Cefuroxime 500mg PO BID	5 days
	Ceftriaxone allergy only: Levofloxacin 750mg daily		
Pseudomonas risk CAP/HCAP (prior respiratory isolation of Pseudomonas, IV ABX in last 90 days, structural lung disease)	Cefepime 2g IV q8h + Azithromycin 500mg q24h ± Vancomycin IV or Linezolid 600 mg IV q12h (only if MRSA from clinical site (not just from nares) the last year; consider for post-influenza pneumonia, cavitary pneumonia, empyema)	Levofloxacin 750mg PO daily	5 days
HAP/VAP	Cefepime 2g IV q8h + Vancomycin IV or linezolid 600 mg IV q12h ± Tobramycin 7-10mg/kg IV (septic shock only)	Levofloxacin 750mg PO daily	7 days
	Cefepime allergy only: Zosyn 4.5g IV q8h + Vancomycin IV or Linezolid 600mg IV q12h		
Aspiration Pneumonia	Antibiotics are indicated for aspiration events ONLY IF new infiltrate is present on pulmonary imaging or the patient clinically decompensates.		
Community acquired	Unasyn 3g IV q6h **OR** Ceftriaxone 2g IV q24h (add Metronidazole 500 mg IV q8-12h to Ceftriaxone only if lung abscess/empyema or poor dentition)	Augmentin 875/125mg PO BID	5-7 days
Nosocomial	Zosyn 4.5g IV q8h **OR** Cefepime 2g IV q8h (add Metronidazole 500 mg IV q8-12h to Cefepime only if lung abscess/empyema or poor dentition)		
COPD exacerbation	Azithromycin 500mg PO daily x 3 days **OR** Doxycycline 100mg PO BID x 5 days		