

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
<i>HCAP - treat similarly to CAP unless high risk for drug resistant organisms</i> (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
	<i>Ceftriaxone allergy only:</i> 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
	<i>Cefepime allergy only:</i> 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.		
<i>Community acquired</i>	Unasyn 3g IV q6h OR Ceftriaxone 2g IV q24h (add Metronidazole 500 mg IV q12h to Ceftriaxone only if lung abscess/empyema or poor dentition)	Augmentin 875/125mg PO BID	5-7 days
<i>Nosocomial</i>	Zosyn 4.5g IV q8h OR Cefepime 2g IV q8h (add Metronidazole 500 mg IV q12h 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		

The above recommendations are based on available literature and national guidelines. They are not intended to replace physician clinical judgment based on patient-specific factors. Last updated 12/2025