



# THE STEWARDSHIP SCOOP



The Antimicrobial and Diagnostic Stewardship Program (ADSP) team is here to bring you the latest

## DATA UPDATES:

See [CAP Guideline](#) for more details

December 2025

See [UTI Guideline](#) for more details

**CAP Action:** Reach out to the teams on orders for anti-pseudomonal beta-lactams for CAP to recommend ceftriaxone

**UTI Action:** Intervene on orders for ceftriaxone for cystitis or pyelonephritis

**Key takeaway:** ceftriaxone and azithromycin are now recommended for nearly all patients with CAP

### ***Pseudomonas* CAP is extremely rare (~1.2%):**

- In critically ill patients, a history of *Pseudomonas* from the respiratory tract in the past year should be the only patients started on cefepime or piperacillin-tazobactam for CAP
- Baseline data (**goal 85% ceftriaxone**):

Cefepime or Pip-tazo

Ceftriaxone

- **Why cefazolin / cephalexin?**  
Local susceptibilities for *E. Coli*, *Klebsiella*, and *Proteus* urinary isolates are similar:

- Ceftriaxone: 81-97%
- Cefazolin: 80-93%

*Ceftriaxone has 3.2x the risk of C. diff compared to cefazolin*

**Act now: NMH appropriate rates have been decreasing!**

# CAP Duration Based on Clinical Stability

## New Clin Stability EPIC alert for pharmacists:

- This will only trigger when patients have order indication for CAP and meet criteria

### • Important caveats:

1. Check the patient is on room air or back to baseline O2
2. Check for exclusion criteria and follow actions below

Code: FULL (Has AD Docs)

Pre-Arrest Interventions: Full

Pregnancy Status: None

Lactation Status: None

COVID-19: Lab History

Infection: Rhinovirus/Enterovirus

Isolation: Droplet

⚠ Pneumonia Monitoring - CAP

Hover

Allergies: Penicillins

## ⚠ Pneumonia Monitoring - CAP

**Clinical stability criteria is MET** (most extreme value within 24hrs is displayed):

Temp < 37.8C: **Met** (36.9C)  
O2 sat > 90%: **Met** (93%)  
HR < 100bpm: **Met** (78bpm)  
SBP > 90mmHg: **Met** (93mmHg)  
RR < 24bpm: **Met** (18bpm)

**Tolerating PO Diet:** No Documentation

**Pertinent Culture Data (within prev 12 months):**

No Qualifying Criteria

**Current Antibiotics**

No Qualifying Criteria

[Community-Acquired Pneumonia \(CAP\) Inpatient Guideline](#)

**Duration: Stop when they're stable**

**Base Duration on Clinical Stability Criteria:**

**Afebrile (<37.8C) x48 hours,  
O2 saturation ≥90% on room air (or O2 needs returned to baseline),  
AND 2 of the following:**

- Heart rate ≤ 100 BPM
- Respiratory rate ≤24 breaths per minute
- Systolic blood pressure ≥90 mmHg

- Once meeting above criteria, limit course to as few as 3 days
- *Exceptions* for durations <5 days: ICU, immunocompromised, severe chronic lung disease, pregnancy, complicated PNA (abscess, empyema), infections with bacteria with defined durations (see NM ADSP CAP guideline for details)

## Pharmacist Duration Action:

- If patients meet clinical stability criteria and have no exclusions, you can discuss limiting durations to as few as 3 days
- Primarily ADSP will be using this process

See [CAP Guideline](#) for more details