



## STEWARDSHIP PEARL:

August 2025

See [CAP Guideline](#) for more details

**One risk factor to rule them all: History of *Pseudomonas* (PsA) from the respiratory tract predicts PsA in CAP**

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

### What happened to the risk factors?

- ***Pseudomonas* CAP is extremely rare:**
  - In a multivariable study of 9196 NM CAP patients, <1% of patients developed *Pseudomonas* if they did not have a history of PsA pneumonia within the past year. Things that were not predictive of *Pseudomonas*: nursing home status, immunosuppression, “HCAP” criteria
  - 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
- **MRSA CAP is extremely rare<sup>1</sup>:** Consider coverage if clinical features are concerning for MRSA (empyema or lung necrosis/cavitation on imaging)

### Reference:

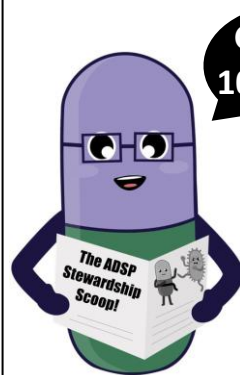
1. Rhodes. *Antimicrobial Agents and Chemotherapy*. 2023

## 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 3-5 days
- **Exceptions** for durations <5 days: ICU, immunocompromised, severe chronic lung disease, complicated pneumonia (abscess, empyema), infections with bacteria with defined durations (see NM ADSP CAP guideline for details)



**Go-live**  
10/28/25

**Action Item:** Review empiric CAP antibiotics. Reach out to prescribers if there are orders for pip-tazo or cefepime in patients without a history of PsA from the respiratory tract in the past year to recommend ceftriaxone.