CAP at NM

See CAP Guideline for more details

Empiric Therapy

Floor Patients with CAP

Ceftriaxone + azithromycin

History of respiratory *PsA* within the past year: obtain sputum culture

Severe CAP

(intubated or positive pressure ventilation, septic shock requiring pressors, or impending ICU transfer due to CAP)

Ceftriaxone + azithromycin

History of respiratory *PsA* within the past year: (Cefepime or pip-tazo) + azithromycin

If clinical features concerning for MRSA (empyema or lung necrosis/cavitation on imaging): **Consider coverage with linezolid or vancomycin**

Rationale: In a study of 9196 NM CAP patients, **<1% of patients developed *Pseudomonas*** if they did not have a history of *Pseudomonas* pneumonia

Duration

Clinical stability criteria:[1,2,3]

Afebrile 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 stability criteria met*

Day 1:

- Consider alternative diagnoses
- Switch to PO antibiotics
- Set 3-day antibiotic duration of therapy

Days 2-5:

- Switch to PO antibiotics
- Set 3–5-day antibiotic duration of therapy

Day 7:

- Discontinue antibiotics
- If still not stable: Consider alternate diagnoses/complications or pulmonology or ID consult

***Does NOT apply to ICU patients with severe CAP, immunocompromised, severe chronic lung disease (i.e., bronchiectasis), complications (i.e., necrotizing, lung abscesses or empyema), confirmed infection with *S. aureus, P. aeruginosa,* or *Legionella* spp.**

References: (1) Dinh 2021, PMID: 33773631. (2) Uranga 2016, PMID: 27455166. (3) Jones 2025, PMID: 40679934