CAP Guideline Update:
Stop When They're Stable

What is changing?

- Updated System CAP guideline: **ceftriaxone and azithromycin are now recommended for nearly all patients with CAP**. 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. See actions below.
- Durations for CAP antibiotics should be based on clinical stability

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

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.** (see guidance below for pathogen specific durations)

Why?

- ***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 *Pseudomonas* pneumonia within the past year. Things that were not predictive of *Pseudomonas*: nursing home status, immunosuppression, "HCAP" criteria
  - **MRSA CAP is extremely rare:** Consider coverage if clinical features are concerning for MRSA (empyema or lung necrosis/cavitation on imaging)
  - **As few as 3 days of antibiotic treatment** is recommended in the 2025 ATS CAP guideline in those who are clinically stable.

Actions:

2. Follow the ADSP CAP guideline for pneumonia that developed before or within the 1st 48 hours of admission
3. Use the "Infection Treatment" Order Set
4. Stop When They're Stable