

# Community Onset Pneumonia (CAP)

## NM NWR Treatment Guidelines for Non-ICU Patients

Standard CAP therapy is best for most patients who present with pneumonia from home or nursing homes.

- Ceftriaxone and azithromycin  
OR
- Levofloxacin
  - Preferred if treating Legionella or in the presence of anaphylactic reactions to penicillins or cephalosporins

Health Care Associated Pneumonia (HCAP) is no longer considered a helpful category to guide antibiotic treatment. This guideline applies to those patients formally labeled with HCAP.

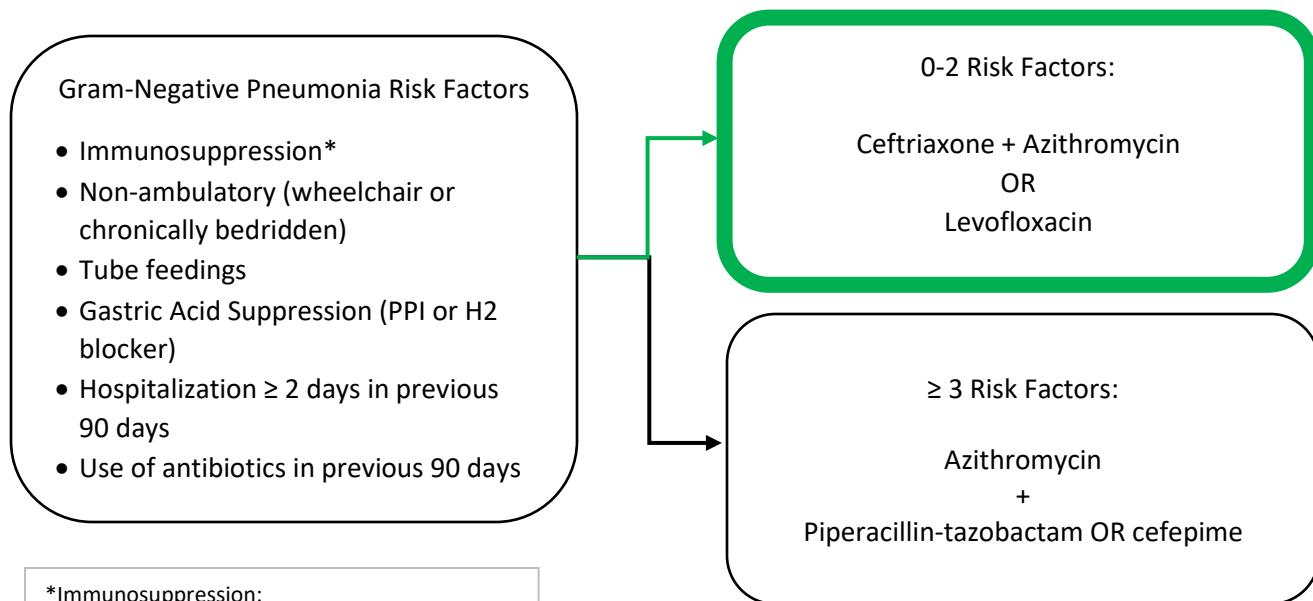
- Anti-pseudomonal and anti-MRSA coverage is unnecessarily broad **for the majority of patients.**
  - Treatment leads to poorer outcomes and contributes to drug resistance

Purpose of this guideline: Identify patients with increased risk of drug-resistant pneumonia by risk assessment.

- Risk factors for gram negative resistance and MRSA are not the same and are discussed separately

### STEP 1:

*Choose Standard Empiric CAP therapy OR Expanded Gram-negative coverage*



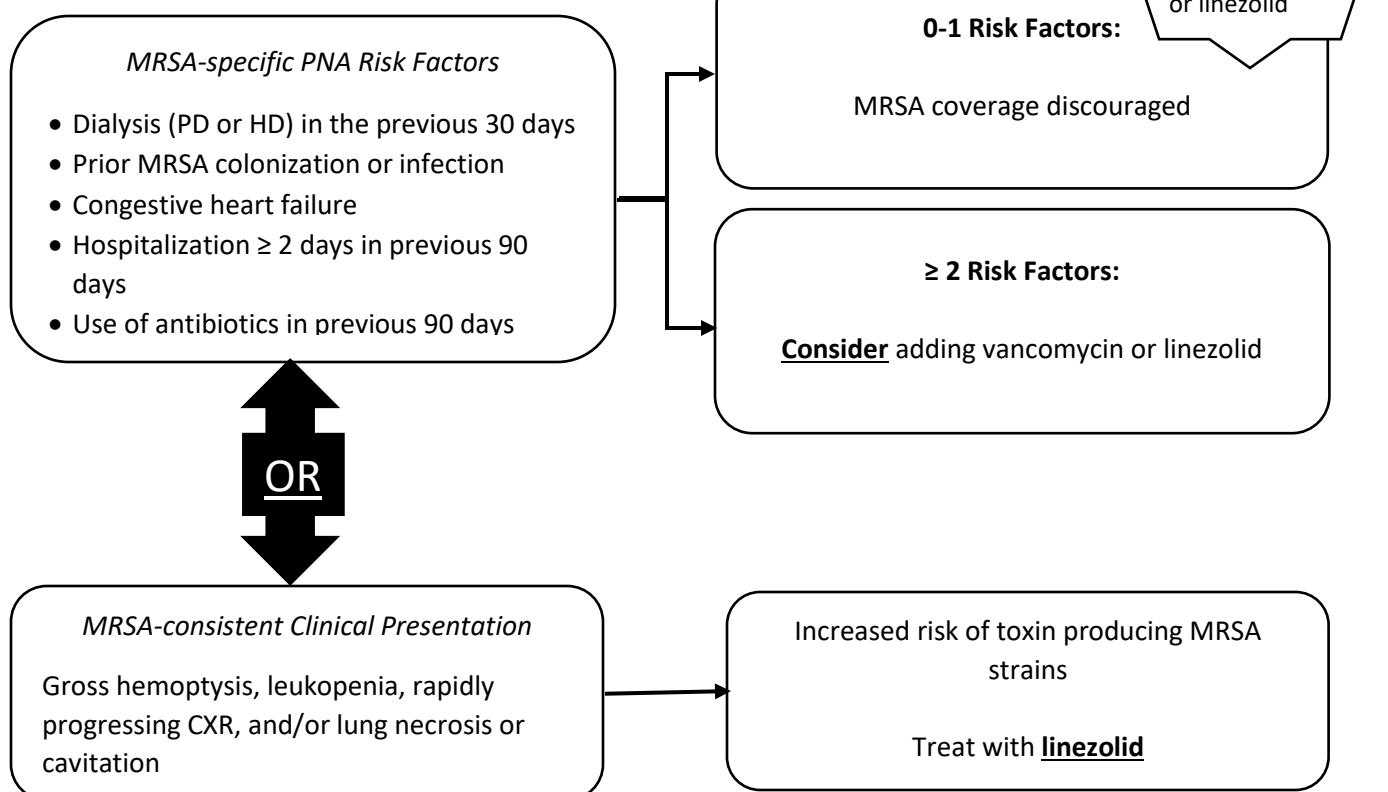
\*Immunosuppression:

- Congenital or acquired immunodeficiency
- Hematologic disease
- Treatment with immunosuppressive therapy in previously 30 days
- Corticosteroids in daily doses  $> 10\text{mg/day}$  of prednisone equivalent for  $\geq 2$  weeks
- Neutropenia ( $<1,000 \text{ cells/mm}^3$ )

\*\*\*If neutropenia is associated with chemotherapy, please consult ID

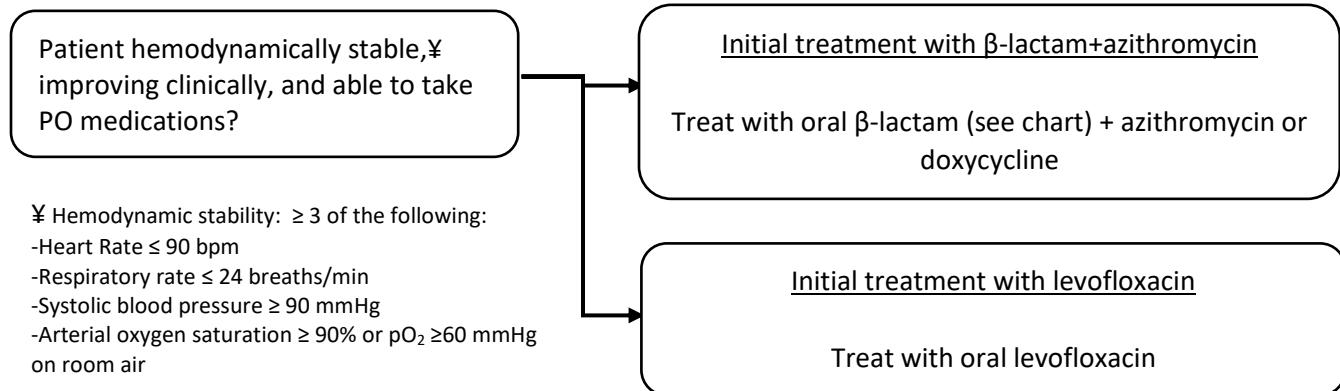
## STEP 2:

### Adding Vancomycin or Linezolid?



## STEP 3:

### De-escalation of therapy



Oral Antibiotic Options		
Drug	Dose	Duration
Amoxicillin/clavulanate	875 mg Q12H	Total 5-7 days of antibiotics (IV and oral)
Amoxicillin	1000 mg Q8H	
Cefdinir	300 mg Q12H	

References:

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2. Shindo Y, Ito R, Kobayashi D, et al. Risk factors for drug-resistant pathogens in community-acquired and healthcare-associated pneumonia. *Am J Respir Crit Care Med* 2013;188(8):985-95. doi:10.1164/rccm.201301-0079OC
3. Gillet Y, Vanhems P, Lina G, et al. Factors predicting mortality in necrotizing community-acquired pneumonia caused by *Staphylococcus aureus* containing Panton-Valentine leukocidin. *Clin Infect Dis* 2007;45(3):315-21. doi:10.1086/519263
4. Kobayashi D, Shindo Y, Ito R, et al. Validation of the prediction rules identifying drug-resistant pathogens in community-onset pneumonia. *Infect Drug Resist* 2018;11:1703-13. doi:10.2147/IDR.S165669