1. Metlay, Joshua P., et al. "Diagnosis and treatment of adults with community-acquired pneumonia. An official clinical practice guideline of the American Thoracic Society and Infectious Diseases Society of America." *American journal of respiratory and critical care medicine* 200.7 (2019): e45-e67
Adapted from Central Arkansas Veterans Healthcare System Antimicrobial Stewardship Education by Meghan Breckling, PharmD

NEW

COMMUNITY ACQUIRED PNEUMONIA OCTOBER 2019 IDSA/ATS GUIDELINES

INPATIENT TREATMENT

Jefferson Regional

Step 1: Is it considered SEVERE?

1 Major Criteria = Severe
- Septic shock with vasopressors
- Respiratory failure requiring mechanical ventilation

> 3 Minor Criteria = Severe
- High respiratory rate ≥ 30
- Pa_{02}/FI_{02} ratio ≤ 250
- Multilobar infiltrates
- Confusion/disoriented
- Uremia (BUN ≥ 20)
- Leukopenia (WBC < 4000)
- Thrombocytopenia (plt < 100,000)
- Hypothermia (temp < 36°C)
- Hypotension (fluid resuscitation)

DURATION OF ANTIBIOTICS: 5-7 DAYS

NO

YES

Step 2: Does patient have RISK FACTORS for MRSA or Pseudomonas?

- Hospitalized AND received IV antibiotics within past 90 days
- Prior respiratory isolation of MRSA or Pseudomonas within past year

NON-SEVERE TREATMENT	RISK FACTORS?	SEVERE TREATMENT
1. (amp-sulbactam/ceftriaxone) + (azithro/doxy) OR Levofloxacin (monotherapy)	NO RISK FACTORS PRESENT	1. Obtain sputum & blood cx 2(amp-sulbactam/ceftriaxone) + (azithro/doxy) OR (Amp-sulbactam/ceftriaxone) + levofloxacin
1. Obtain sputum & blood cx 2. (amp-sulbactam/ceftriaxone) + (azithro/doxy) OR Levofloxacin (monotherapy)	RISK FACTOR PRESENT: Hospitalized AND received IV antibiotics in past 90 days	1. Obtain MRSA nares PCR 2. Obtain sputum & blood cx 3. Start vanco and pip-tazo/ cefepime + azithro 4. If PCR negative, DC vanco
1. Obtain MRSA nares PCR 2. Obtain sputum & blood cx 3. Start vanco and pip-tazo/cefepime + azithro 4. If PCR negative, DC vanco	RISK FACTOR PRESENT: Prior respiratory isolation of MRSA or Pseudomonas in past year	1. Obtain MRSA nares PCR 2. Obtain sputum & blood cx 3. Start vanco and pip-tazo/cefepime + azithro 4. If PCR negative, DC vanco

CONCERN FOR ASPIRATION PNEUMONIA:

"We suggest NOT routinely adding coverage for suspected aspiration pneumonia unless lung abscess or empyema is suspected."

WHAT ABOUT HCAP?

"We recommend abandoning use of the prior categorization of healthcare-associated pneumonia (HCAP) to guide selection of extended antibiotic coverage in adults with CAP. We recommend clinicians only cover empirically for MRSA or P. aeruginosa in adults with CAP if locally validated risk factors for either pathogen are present."