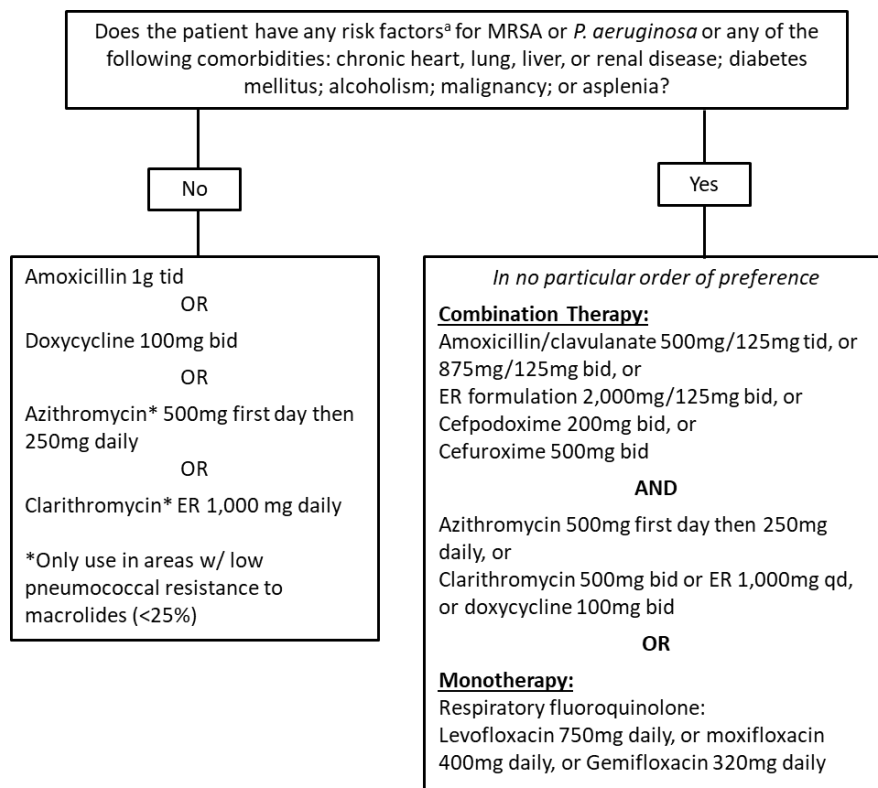


Appropriate Prescribing Guidelines in the Outpatient Setting: Community-Acquired Pneumonia (CAP) in Adults

TREATMENT¹

NOTE: Treat patients initially for bacterial infection or co-infection. Alter treatment if bacterial etiology is ruled out. Duration of antibiotic therapy should last at least 5 days and continue until patient meets validated criteria of clinical stability (i.e., resolution of vital sign abnormalities, ability to eat, and normal mentation).



^aRisk factors include prior respiratory isolation of MRSA/*P. aeruginosa* or recent hospitalization AND receipt of parenteral antibiotics (in last 90d)

EPIDEMIOLOGY/ETIOLOGY¹

- Top bacterial etiologies: *S. pneumoniae*, *H. influenzae*, *S. aureus*, and Gram-negative bacilli but etiology is changing since introduction of the pneumococcal conjugate vaccine
- Increasing role of viral etiologies

DIAGNOSIS^{1,2}

- Sputum Gram stain/cx and blood cx not routinely recommended
 - Not very sensitive, do not yield better patient outcomes for outpatient
- Pneumococcal, *Legionella* urine antigen tests should not be performed unless severe CAP, epidemiologic link for *Legionella*
- Rapid influenza tests should be used when high levels influenza circulating in community
- Use validated criteria to evaluate severity, preferably the Pneumonia Severity Index (PSI)
- S/sx include: cough, dyspnea, abnormal vital signs, and abnormal lung exam findings (i.e., resp distress, decreased breath sounds)

Learn more about antibiotic stewardship practices and prescribing guidelines at <https://hip.phila.gov/HAIAR/IP-C>

References:

1. Metlay JP, Waterer GW, Long AC, Anzueto A, 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. *Am J Respir Crit Care Med*, Volume 200, Issue 7, October 2019. doi: <https://doi.org/10.1164/rccm.201908-1581ST>
2. Kaysin A & Viera AJ. Community-acquired pneumonia in adults: Diagnosis and management. *Am Fam Physician*, Volume 94, Issue 9, November 2016, Pages 698-706.