

## Residential Care Facility Acquired Pneumonia

### General Points

Nursing home-acquired pneumonia is defined as pneumonia occurring in a resident of a residential care facility or nursing home and more closely resembles **CAP** than HAP.

**Piperacillin-Tazobactam** is NOT first line empiric treatment for uncomplicated Pneumonia Acquired in Residential Care Facilities.

Refer to [CAP guidelines](#) for advice on treatment based on CURB-65 severity.

### MRSA Colonisation

If patient is colonised with **MRSA**, add [Vancomycin](#) or [Teicoplanin](#) (See [Vancomycin](#) / [Teicoplanin](#) dosing schedule) and obtain cultures (blood culture/ sputum) to allow de-escalation/confirmation of need for continuation of therapy

### P. aeruginosa Colonisation

If patient is colonised with **P. aeruginosa**, use **anti-pseudomonal agent (Piperacillin-Tazobactam 4.5g QDS IV)** and obtain cultures (blood culture/ sputum) to allow de-escalation/ confirmation of need for continuation of therapy

### Patients at increased Risk

In patients at increased risk of infection with **MRSA** and/or **P. aeruginosa** ( *recent hospitalization/ IV antibiotic exposure in the last 90 days* ):

- 1) If severe CAP (CURB 3-5) then add coverage for **MRSA +/- P. aeruginosa** as above and obtain cultures to allow de-escalation/ confirmation of need for continuation of therapy.
- 2) If non-severe CAP (CURB 0-2) then obtain cultures for **MRSA** and **P. aeruginosa** but add coverage only if culture results are positive.

### Comments

Discuss antibiotic choice with a Clinical Microbiology or Infectious Diseases Specialist if risk factors for multi-drug resistant pathogens, failure to respond to empirical treatment or concerns of complications such as lung abscess or empyema.

### References

ATS/ IDSA Guidelines for the Diagnosis and Treatment of Adults with Community-acquired Pneumonia (2019)