

Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Community Acquired Pneumonia

Community Acquired Pneumonia (CAP)

- Community acquired pneumonia is defined as infiltrate on CXR or CT scan with compatible symptoms.
- Antibiotics are NOT usually recommended for exacerbation of **asthma or bronchitis** with normal chest X-ray or **aspiration with normal CXR**.
- Nursing home patients presenting with pneumonia should be treated as CAP as outlined below and NOT automatically treated with piperacillin/tazobactam **unless** history of antibiotic resistant organisms or within 14 days of discharge from hospital.
- The **CURB-65 score**, in conjunction with clinical judgement, is a severity assessment tool for Community Acquired Pneumonia.
- Laboratory testing for respiratory viruses should be considered, including COVID-19, and, during relevant season, influenza and Respiratory Syncytial Virus (RSV). Appropriate treatment for [COVID-19](#) or [influenza](#) should be initiated if positive.
Culture sputum and blood if severe infection **OR** risk factors for MRSA or Pseudomonas infections:
 - ICU admission
 - Hospitalised and/or IV antibiotics within past 90 days
 - Previous Infection with MRSA or Pseudomonas
- Give antibiotics as soon as possible, within 4 hours of presentation in the Emergency Department.

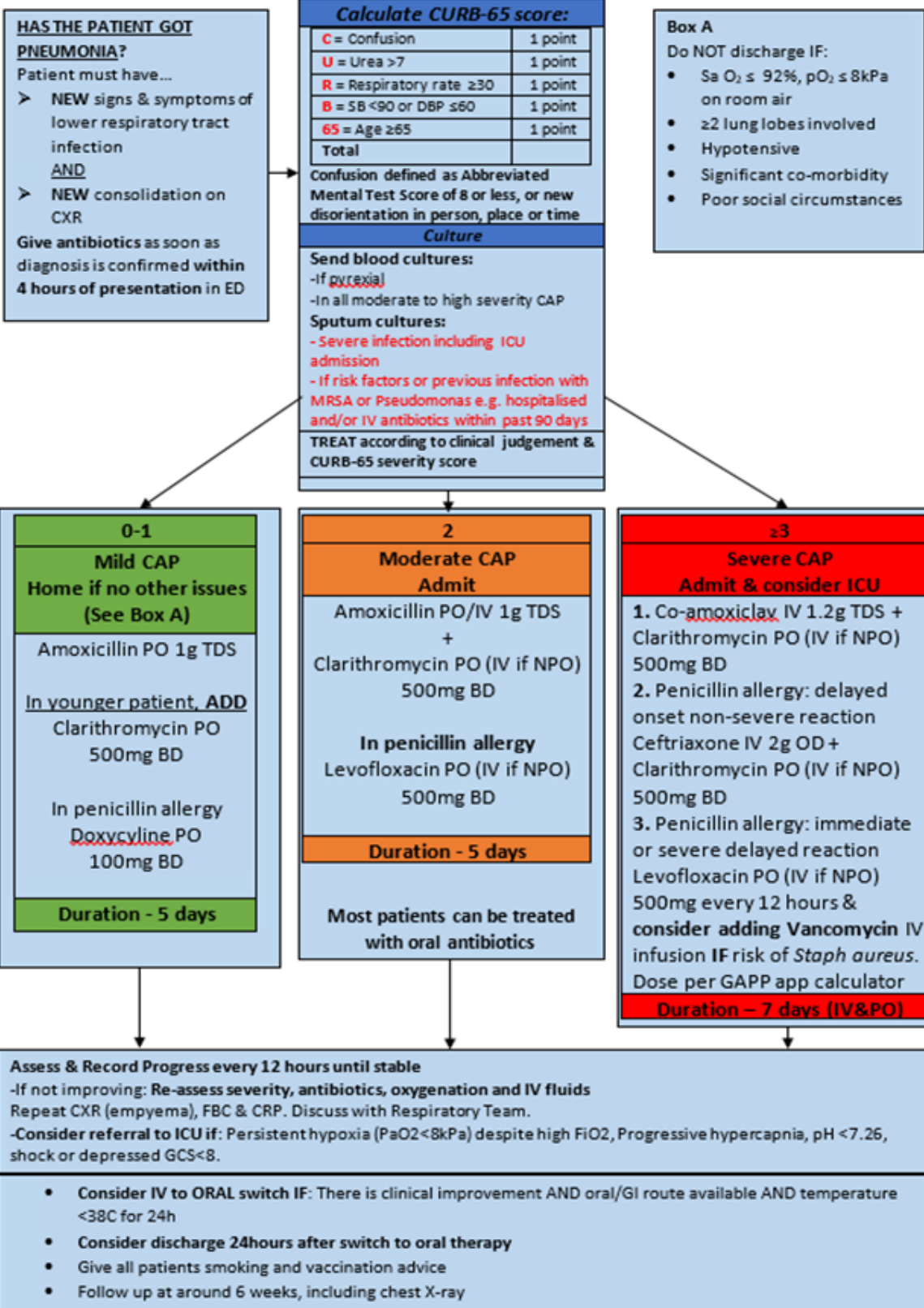
Empiric Antibiotics for Community Acquired Pneumonia (CAP)				
Infection	1 st Line Antibiotics	Penicillin allergy: delayed onset non-severe reaction	Penicillin allergy: immediate or severe delayed reaction	Comment
Community Acquired Pneumonia (including nursing home patients unless history of MDRO or within 14 days of discharge from hospital). See note on MDRO Signs and symptoms of LRTI AND new consolidation on chest X-ray	Mild CURB-65 Score 0 or 1	See penicillin hypersensitivity section for further information		
	Amoxicillin PO 1g every 8 hours In younger patients Add atypical cover with Clarithromycin PO 500mg every 12 hours	Doxycycline PO 100mg every 12 hours Avoid Doxycycline in pregnancy or breast-feeding. Discuss with Microbiology or Infectious Diseases.		Duration 5 days (provided afebrile and clinically stable for 48 hours. Otherwise 7 days)
	Moderate CURB-65 Score 2	Non-smokers with no co-morbidities Amoxicillin PO/IV 1g every 8 hours + Clarithromycin PO (IV if NPO) 500mg every 12 hours	Levofloxacin PO (IV if NPO) 500mg every 12 hours Avoid Levofloxacin in pregnancy or breast-feeding. Discuss with Micro/ID. Caution if risks for prolonged QT interval	Duration 5 days (provided afebrile and clinically stable for 48 hours. Otherwise 7 days)
	Patients who smoke and/or with co-morbidities Co-amoxiclav PO 875/125mg every 8 hours/IV 1.2g every 8 hours + Clarithromycin PO (IV if NPO) 500mg every 12 hours			Most patients can be treated with oral antibiotics
Severe CURB-65 Score ≥ 3	Co-amoxiclav IV 1.2g every 8 hours + Clarithromycin PO (IV if NPO) 500mg every 12 hours	Cefttriaxone IV 2g every 24 hours + Clarithromycin PO (IV if NPO) 500mg every 12 hours	Levofloxacin PO (IV if NPO) 500mg every 12 hours Avoid levofloxacin in pregnancy or breastfeeding. Discuss with Micro/ID. Caution if risks for prolonged QT interval.	Duration 7 days Longer courses may be indicated according to clinical judgement e.g. if <i>Legionella pneumophila</i> , <i>Staphylococcus aureus</i> or <i>Gram-negative bacilli</i> suspected or confirmed. Consider addition of steroids for those requiring Non Invasive Ventilation (NIV)/ Mechanical Ventilation (MV) in consultation with Resp/ID.

Refs:

1. *Community-Acquired Pneumonia. The New England Journal of Medicine. 2023. 389:632-41.*
2. *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 2019;200\(7\):e45–e67](#)*
3. *Duration of Antibiotic Treatment in Community-Acquired Pneumonia: A Multicenter Randomized Clinical Trial. [JAMA Intern Med 2016;176\(9\):1257-1265](#)*
4. [British Thoracic Society Guidelines for the management of community acquired pneumonia in adults. Annotated CAP Guideline 2015.](#)

Clinical pathway for management of Community Acquired Pneumonina in GUH

PATHWAY FOR MANAGEMENT OF COMMUNITY ACQUIRED PNEUMONIA IN GUH



(click on image to enlarge)