

Waterford: Antimicrobial Guidelines - Antimicrobial Guideline: Hospital Acquired Pneumonia

HAP-within 5 days of admission

Hospital-Acquired Pneumonia -within 5 days of admission

General Points

HAP within 5 days of admission AND

- Non-severe pneumonia (No symptoms or signs of sepsis),
- No recent broad spectrum antibiotics,
- No relevant co-morbidity such as severe lung disease or immunosuppression,
- No colonisation with MDRO, or
- No recent contact with a health or social care setting eg. residential care facility before admission.

For Ventilator-associated pneumonia see HAP >5 days post admission guideline.

- Check previous microbiology test results in particular for history of MDROs (MRSA, ESBL, and CPE).
- Send sputum or tracheal aspirate for culture.
- Send blood cultures if febrile or sepsis.
- Consider Legionella. If suspected send urine for legionella antigen, sputum for Legionella culture and add clarithromycin empirically unless being treated with levofloxacin. See section on Legionellosis.

Antibiotics

First line: Co-amoxiclav 625mg TDS PO or 1.2g TDS IV.

Penicillin allergy:

Non-IgE mediated /non-severe reaction :

Ceftriaxone 2g once daily IV.

IgE-mediated / anaphylaxis / severe reaction :

* **Levofloxacin 500mg PO or IV once daily (12 hourly if severe).**

(Add **Metronidazole 500mg TDS IV or 400mg TDS PO** in aspiration pneumonia).

Note: treatment of aspiration pneumonia does not require addition of metronidazole to either piperacillin-tazobactam or co-amoxiclav as both provide sufficient anaerobic cover.

If patient is colonised with or considered to be high risk for **MRSA**, consider adding **Vancomycin** or **Teicoplanin**. (Please see [Vancomycin](#) / [Teicoplanin](#) dosing schedule).

* Please read the [HPRA Drug Safety Alert](#) issued in 2018 and the [HPRA Drug Safety Newsletter](#) issued in 2023 highlighting restrictions on use of fluoroquinolones (eg. ciprofloxacin, levofloxacin) due to the risk of disabling, long-lasting and potentially irreversible side effects (including tendon damage, QT prolongation, neuropathies and neuro psychiatric disorder). Use of fluoroquinolones in older patients, those with renal impairment, solid organ transplantation or on systemic corticosteroids increases the risk of tendon damage.

Comments

Review IV antibiotics by 48h

- consider switch to oral antibiotics if possible
- de-escalate to a narrower spectrum antibiotic based on microbiology test results

Duration 5-7 days depending on clinical course.

HAP- more than 5 days since admission

