

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

Hospital Acquired Pneumonia

1. Pneumonia should be treated as hospital acquired if onset from **5 days after hospital admission or within 14 days of discharge**.
2. Nursing home patients presenting for admission to hospital with pneumonia should be treated as CAP and NOT automatically treated with piperacillin/tazobactam unless history of antibiotic resistant organisms or within 14 days of discharge from hospital.
3. The regimens below may NOT cover Multi-drug Resistant Organisms (MDRO) in all cases. **See note on MDRO**.
4. **Intensive care and immunosuppressed patients** should be discussed with **Microbiology or Infectious Diseases**.

Empiric Antibiotics for Hospital Acquired Pneumonia				
Infection	1 st Line Antibiotics	Penicillin allergy: delayed onset non-severe reaction See penicillin hypersensitivity section for further information	Penicillin allergy: immediate or severe delayed reaction	Comment
The regimens below may NOT cover Multi-drug Resistant Organisms (MDRO) in all cases. See note on MDRO				
Hospital Acquired Pneumonia Contact Micro/ ID for treatment of Pseudomonas infection	Moderate Piperacillin/tazobactam IV 4.5g every 6 hours	Moderate CefTRIAxone IV 2g q24h NB. If history of Pseudomonas colonisation/infection, discuss alternative treatment with Micro/ID. Add Gentamicin IV IF sepsis . Give one dose per GAPP App calculator. See footnote* re further doses and monitoring.	Moderate Vancomycin IV infusion, dose per GAPP App calculator. See footnote* re monitoring. + Ciprofloxacin** IV 400mg every 12 hours Add Gentamicin IV IF sepsis . Give one dose per GAPP App calculator. See footnote* re further doses and monitoring. Discuss treatment at 48 hours with Micro/ID	Duration 7 days May need to be extended according to clinical judgement e.g. if Legionella pneumophila, Staphylococcus aureus or Gram-negative bacilli suspected or confirmed
	Severe (ICU assessment required) Piperacillin/tazobactam IV 4.5g every 6 hours + Vancomycin IV infusion, dose per GAPP App calculator. See footnote* re review and monitoring. Review at 24 - 48 hours and stop if MRSA not detected from clinical samples or MRSA screen Add Gentamicin IV IF sepsis . Give one dose per GAPP App calculator. See footnote* re further doses and monitoring	Severe (ICU assessment required) Vancomycin IV infusion, dose per GAPP App calculator. See footnote* re monitoring. + Ciprofloxacin** IV 400mg every 12 hours Add Gentamicin IV IF sepsis . Give one dose per GAPP App calculator. See footnote* re further doses and monitoring.		
<p>* Review need for ongoing Gentamicin and Vancomycin on a daily basis. Continue with once daily Gentamicin dosing ONLY if Consultant/Specialist Registrar recommended. For advice on monitoring see Aminoglycoside & Vancomycin Dosing & Monitoring section.</p> <p>**Switch from IV to oral Ciprofloxacin (500mg PO every 12 hours) as soon as possible.</p>				

Refs:

1. [American Thoracic Society/Infectious Diseases Society of America. Management of adults with hospital-acquired and ventilator-associated pneumonia Clin Infect Dis 2016;63:e61-111](#)