

Management of Community-Acquired Pneumonia (CAP) in Non-Pregnant Adults

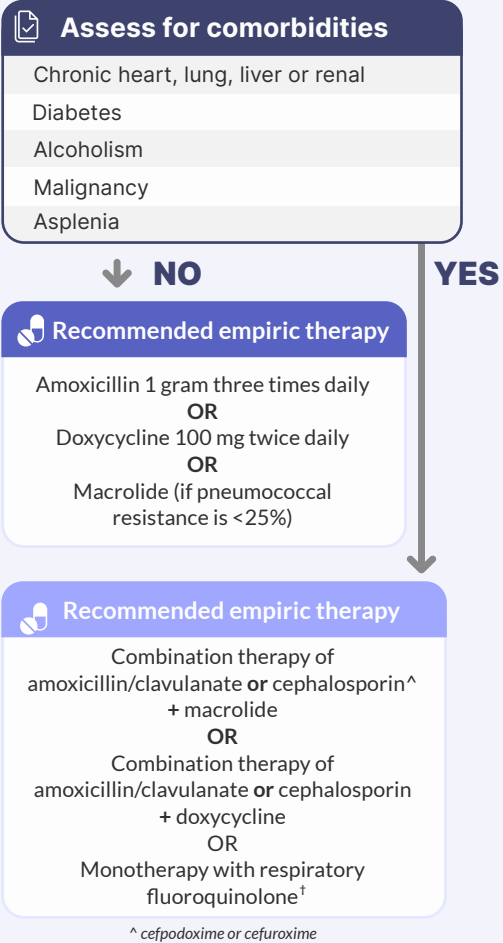
Reference: AM J Respir Crit Care Med; 2019; 200(7):



More clinical pearls at pyrls.com.

© 2023 Cosmas Health, Inc. and/or its affiliates. All rights reserved.

OUTPATIENT *



***Outpatient Treatment Strategies** are for adults with no risk factors for methicillin-resistant *Staphylococcus aureus* (MRSA) or *Pseudomonas aeruginosa*

*** Risk factors** include prior isolation of MRSA or *P. aeruginosa* from the respiratory tract in the last 12 months or hospitalization AND receipt of parental antibiotics in the last 90 days

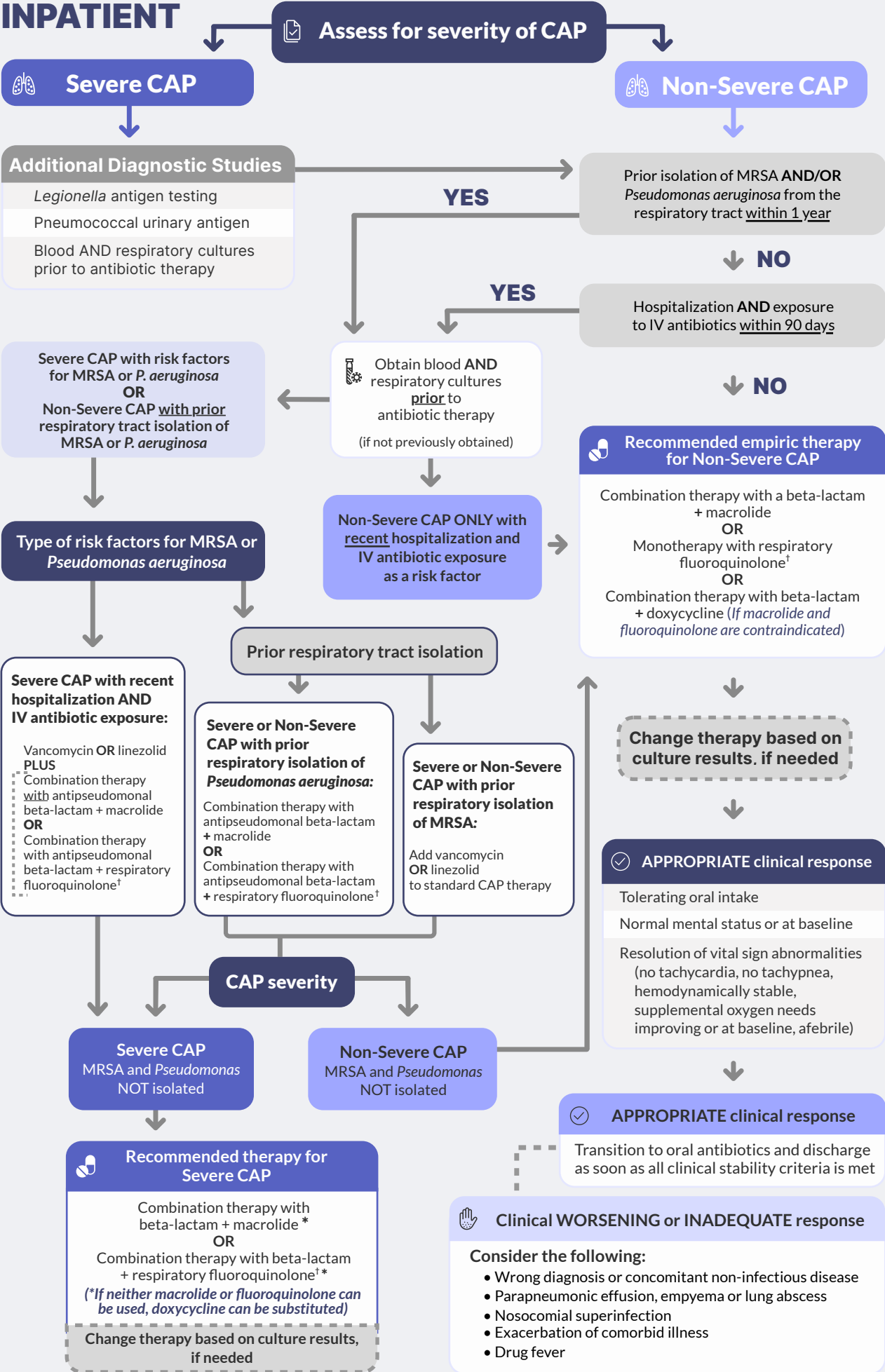
Key Points

- Obtain a MRSA nasal PCR to identify patients that require MRSA coverage (and those that do not)
- 5 days of antibiotic therapy is recommended for patients with an appropriate initial response to therapy and who are clinically stable
- Antibiotic therapy for CAP due to *Staphylococcus aureus* or *Pseudomonas aeruginosa* should be continued for at least 7 days in patients with an appropriate initial response to therapy
- Testing for influenza is recommended if it is prevalent in the community
- Testing for *Legionella* is recommended if indicated by epidemiological risk factors

Note: Assess for antibiotic allergies and use alternative agents as appropriate. Suggested antibiotic doses are for normal renal function; Adjust for renal impairment when necessary.

This is intended only as a guide for evidence-based decision-making. It is not intended to replace clinical judgment.

INPATIENT



† moxifloxacin, levofloxacin or delafloxacin (please note - the use of delafloxacin was not addressed in this guideline as it was not indicated for community-acquired bacterial pneumonia at the time it was published; it is currently FDA-approved)