

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:		Comment
		delayed onset non-severe reaction	immediate or severe delayed reaction	
		See penicillin hypersensitivity section for further information		
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			
	Amoxicillin PO 1g every 8 hours	Doxycycline PO 100mg every 12 hours		Duration
	In younger patients Add atypical cover with	Avoid Doxycycline in pregnancy or breast-feeding. Discuss with Microbiology or Infectious Diseases.		5 days
	Clarithromycin PO 500mg every 12 hours			(provided afebrile and clinically stable for 48 hours. Otherwise 7 days)
	Moderate CURB-65 Score 2			
	Non-smokers with no co-morbidities	Levofloxacin PO (IV if NPO) 500mg every 12 hours		
	Amoxicillin PO/IV 1g every 8 hours	Avoid Levofloxacin in pregnancy or breast-feeding. Discuss with Micro/ID. Caution if risks for prolonged QT interval		
	+			Duration
	Clarithromycin PO (IV if NPO) 500mg every 12 hours			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			Most patients can be treated with oral antibiotics	
+				
Clarithromycin PO (IV if NPO) 500mg every 12 hours				
Severe CURB-65 Score ≥ 3				
Co-amoxiclav IV 1.2g every 8 hours	Ceftriaxone IV 2g every 24 hours	Levofloxacin PO (IV if NPO) 500mg every 12 hours	Duration	
+	+	Avoid levofloxacin in pregnancy or breastfeeding. Discuss with Micro/ID. Caution if risks for prolonged QT interval.	7 days	
Clarithromycin PO (IV if NPO) 500mg every 12 hours	Clarithromycin PO (IV if NPO) 500mg every 12 hours		Longer courses may be indicated according to clinical judgement	
			e.g. if Legionella pneumophila, Staphylococcus aureus or Gram-negative bacilli 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.](#)

CURB-65

Calculate CURB-65 score:	
C = Confusion	1 point
U = Urea >7	1 point
R = Respiratory rate ≥ 30	1 point
B = SB <90 or DBP ≤ 60	1 point
65 = Age ≥ 65	1 point
Total	
Confusion defined as Abbreviated Mental Test Score of 8 or less, or new disorientation in person, place or time	

(click on image to enlarge)