

# 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 <sup>st</sup> Line Antibiotics	Penicillin allergy: delayed onset non-severe reaction See <a href="#">penicillin hypersensitivity</a> 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. <b>See note on MDRO</b>				
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.  <b>Add <a href="#">Gentamicin</a> IV IF <a href="#">sepsis</a>.</b>  Give one dose per GAPP App calculator. See footnote* re further doses and monitoring.	Moderate  <b>Vancomycin</b> IV infusion, dose per GAPP App calculator. See footnote* re monitoring.  +  Ciprofloxacin** IV 400mg every 12 hours  <b>Add <a href="#">Gentamicin</a> IV IF <a href="#">sepsis</a>.</b>  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  +  <b>Vancomycin</b> 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  <b>Add <a href="#">Gentamicin</a> IV IF <a href="#">sepsis</a>.</b>  Give one dose per GAPP App calculator. See footnote* re further doses and monitoring	Severe (ICU assessment required)  <b>Vancomycin</b> IV infusion, dose per GAPP App calculator. See footnote* re monitoring.  +  Ciprofloxacin** IV  400mg every 12 hours  <b>Add <a href="#">Gentamicin</a> IV IF <a href="#">sepsis</a>.</b>  Give one dose per GAPP App calculator. See footnote* re further doses and monitoring.		
* Review need for ongoing Gentamicin and Vancomycin on a daily basis. Continue with <b>once daily Gentamicin</b> dosing ONLY if <b>Consultant/Specialist Registrar</b> recommended. For advice on monitoring see <a href="#">Aminoglycoside &amp; Vancomycin</a> Dosing & Monitoring section.  **Switch from IV to oral Ciprofloxacin (500mg PO every 12 hours) as soon as possible.				

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](#)