

Pneumonia Guidelines 8/11/06

The JCAHO core measures for community acquired pneumonia in immunocompetent patients have recently been expanded to assess the “adequacy” of the initial selection of antibiotics. We are doing fairly well on this metric but have room for improvement. The two recurrent problems we have seen are 1.) not covering atypicals in really sick patients (for instance just giving a dose of zosyn) and 2.) not giving double anti-pseudomonal coverage when indicated. Please look over the new standards below. We will work to make an electronic algorithm available through wiz when resources become available.

As a group we have made great improvements in our previous weak points which were getting antibiotics started within 4 hours and remembering to order blood cultures on all CAP patients. If you are team triage please remember to aggressively pursue the workup of pneumonia as the clock starts when the patient is added to the whiteboard, not when they get back to a room. Also, In a patient with structural lung disease and a highly abnormal CXR at baseline (IPF, severe COPD, cancer) who presents with increased cough or fever consider getting a non-contrasted CT early in the ED course to assess for infiltrate.

Non-ICU Patients

Beta-lactam IV + Macrolide IV

(ceftriaxone, cefotaxime + azithromycin)

Or

Quinolone PO/IV

(levofloxacin, gatifloxacin NOT ciprofloxacin)

Or

Beta-lactam IV + Doxycycline PO/IV

ICU Patients

Beta-lactam IV + Macrolide IV

Or

Beta-lactam IV + Quinolone IV

Or

If documented beta-lactam allergy:

Quinolone IV \pm Clindamycin IV

Pseudomonas Risk* necessitating double coverage

Antipseudomonal Beta-lactam IV + Quinolone IV

(Pip/Tazo, Cefepime, Imipenem, Meropenem + Cipro, Levo)

Or

Antipseudomonal beta-lactam IV + Aminoglycoside IV + Macrolide IV

Or

If documented beta-lactam allergy:

Aztreonam + Quinolone IV

* pseudomonal risk defined as any of the following characteristics

- Bronchiectasis
- Cystic Fibrosis or recent documented pseudomonas pneumonia
- COPD with recent antibiotic or steroid use