

Pneumonia, Community-Acquired (CAP)

Reference
Link

DIAGNOSIS & DISPOSITION

Signs and Symptoms of Pneumonia (in immunocompetent adult)

≥1 of the following?

- Fever $\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}$
- HR ≥ 100 bpm
- RR ≥ 24
- SpO₂ $\leq 88\%$
- Focal rales

no

Consider influenza, bronchitis, or other (see *Bronchitis CPM*)

yes

ORDER chest x-ray

NO new infiltrate

new infiltrate

DIAGNOSE pneumonia

ASSESS risk factors: CURB-65

- **C**onfusion: not oriented to person, place, or time
- **U**remia: BUN ≥ 20 mg/dL
- **R**espiratory rate: ≥ 30 breaths per minute
- **B**lood pressure: SBP < 90 mm Hg
- **65** years or older

≥3 CURB-65 factors

2 CURB-65 factors

≤1 CURB-65 factors

ICU admit:

- 2 sets of blood cultures *then*
- First antibiotic dose before transport (ceftriaxone 1 g IM or IV)

NON-ICU admit:

- Consider blood cultures *then*
- First antibiotic dose before transport (ceftriaxone 1 g IM or IV)

CONSIDER other factors:

SpO₂ $\leq 88\%$, no caregiver, multi-lobe infiltrates, plural effusion > 5 cm, comorbidities

← ≥1

no other factors

outpatient treatment

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(Assess need for inpatient tx; see other side)

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OUTPATIENT TREATMENT

Community-Acquired Pneumonia

Mild

(Previously healthy; no antimicrobial use in past 3 months)

Moderate

(COPD, CHF, diabetes, malignancy, or renal failure OR antimicrobial use in past 3 months)

TREAT mild CAP

Antibiotics:

- **Doxycycline monohydrate** (100 mg orally twice daily for 7 days) OR
- **Azithromycin** (500 mg orally daily for 3 days) PLUS **amoxicillin*** (1,000 mg 3 times daily for 7 days) if pregnant or allergic to **doxycycline**

Vaccinations: Influenza and pneumonia vaccines if appropriate

TREAT moderate CAP

Antibiotics:

ONE of the following:

- **Doxycycline monohydrate** (100 mg orally twice daily for 7 days) OR
- **Azithromycin** (500 mg orally daily for 3 days) if pregnant or allergic to **doxycycline**

PLUS:

- **Ceftriaxone** (1 g IV or IM daily) until stable, then **amoxicillin*** (1,000 mg orally 3 times daily for 7 days)

EDUCATE and FOLLOW UP:

- **Patient/family education:** Use Intermountain fact sheet [Pneumonia: Prevention and Care at Home](#) (also in Spanish)
- **Follow-up visit or phone call in 48 to 72 hours**
- **Follow-up visit in 6 weeks:**
 - Give influenza and pneumococcal **vaccines** if not already given
 - Repeat **CXR** for any smoker ≥ 35 or for any nonsmoker ≥ 60
 - Provide **smoking cessation** counseling if appropriate: Use Intermountain booklet [Quitting Tobacco — Your Journey to Freedom](#) (also in Spanish)

*If beta-lactam allergic: Monotherapy with **levofloxacin** (Levaquin) 750 mg orally once daily for 5 days. Do not combine **levofloxacin** with **doxycycline** or **azithromycin**.