

March 2025

Inpatient Treatment of Adults
Community-Acquired Pneumonia (CAP)

Treatment

Hospitalized Pneumonia Patient

- Asses for drug-resistance risk (e.g <u>DRIP score</u>)
- Draw two sets of blood cultures and order nasal MRSA PCR before giving antibiotics. If non-ICU, only draw cultures if risk of resistance.
- DO NOT wait for culture results before starting antibiotics

Non-ICU Antibiotics	ICU Antibiotics
Ceftriaxone (2g IV or IM) daily until stable THEN Amoxicillin/clavulanate	Ceftriaxone (2g IV or IM) daily until stable <i>THEN</i>
(875 mg/125 mg) 2x/day (duration pg 2)	Amoxicillin/clavulanate
PLUS EITHER Azithromycin (500 mg) daily for 3 days <i>OR</i>	(875 mg/125 mg) 2x/day (duration pg 2)
Doxycycline (100 mg PO) 2 times/day	PLUS
(duration pg 2)	Azithromycin (500 mg) daily for 3 days

If risk of resistance, consider vancomycin and azithromycin PLUS EITHER cefepime or piperacillin-tazobactam

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Consider
corticosteroids for
patients with
CRP≥15 mg/dL and
severe hypoxia
(≥50% O ₂ required
or positive pressure
ventilation).

<u>Link to full</u> <u>CAP guideline</u>

	DRIP Scoring	Points
Major	 Antibiotic use < 60 days Long-term care resident Tube feeding Drug-resistant pneumonia <1 year 	2 pts each
Minor	Hospitalization < 60 days Chronic pulmonary disease Poor functional status Gastric acid suppression Wound care MRSA colonization < 1 year	1pt each

SUMMARY CARD

Intermountain Health

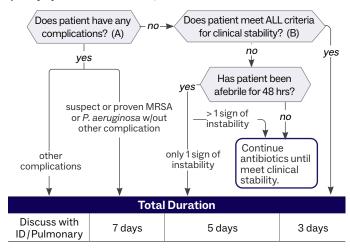
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Determining Total Duration of Antibiotics

(Doxycyline, Amoxicillin)



 Cavitation of lung Parapneumonic effusion requiring thoracentesis Mycobacteria, PJP, nocardia, or fungi Pseudomonas aeruginosa 		LegionellaEndocarditisMeningitisMRSABacteremia	
for clinical stability A	BP >90 mm Hg emp. > 36 °C and < 38 °C rterial O_2 Saturation >90% bom air $OR pO_2 \ge 60$ mmg H	RespiratoMentation	

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Not intended to replace physician judgment with respect to individual variations and needs.