

Community Acquired Pneumonia

Routine Non-Critical Care Admit:

- Ceftriaxone 1 gram IV every 24 hours **PLUS** Azithromycin 500 mg PO daily
- OR**
- Levofloxacin 750 mg PO daily* (choice for patients with severe penicillin AND cephalosporin allergy)

OR - Aspiration Suspected:

- Ampicillin/sulbactam 3 grams IV every 6 hours* **PLUS** Azithromycin 500 mg PO/IV daily
- Levofloxacin 750 mg IV daily* **PLUS** clindamycin 600 mg IV every 8 hours choice for patients with severe penicillin AND cephalosporin allergy)

Critical Care Admit:

- Ceftriaxone 1 gram IV every 24 hours **PLUS** Azithromycin 500 mg IV daily
- OR**
- Ceftriaxone 1 gram IV every 24 hours **PLUS** Levofloxacin 750 mg IV daily*
- OR – if aspiration suspected**
- Ampicillin/sulbactam 3 grams IV every 6 hours* **PLUS** Azithromycin 500 mg IV daily

Penicillin AND cephalosporin allergy NOT anaphylaxis

- Ertapenem 1 gram IV every 24 hours* **PLUS** Azithromycin 500 mg IV daily

SEVERE (shortness of breath, laryngeal edema, and/or anaphylaxis) penicillin AND cephalosporin allergy:

- Tigecycline 100 mg IV x 1 dose, followed by 50 mg IV every 12 hours – covers gram positives and negatives (except pseudomonas), atypical and anaerobic pathogens

Community Acquired/Necrotizing MRSA Pneumonia Suspected:

- Add linezolid 600 IV every 12 hours

Healthcare Associated Pneumonia/Nosocomial Pneumonia

Risk Factors For Healthcare Associated Pneumonia and Pseudomonas Aeruginosa:

- Hospitalization for 2 days within the last 90 days
- Residence in a nursing home or extended care facility for any amount of time within the last 90 days
- Chronic dialysis within the last 30 days
- Home wound care within the last 30 days

Routine Non-Critical Care AND Critical Care Admits:

- Piperacillin/tazobactam 4.5 grams IV every 6 hours* (Suggested first line agent)

OR

- Cefepime 2 grams IV every 8 hours* (Suggested second line agent for patients with rash to penicillin – does not cover anaerobes)

OR

- Doripenem 500 mg IV every 8 hours, each dose administered over 4 hours* (Suggested for use in patients with a history of resistant gram negative organisms or a patient moderately allergic to penicillin)

PLUS

- Tobramycin 7 mg/kg IV x 1 (If serum creatinine less than 2 mg/dl), then **pharmacy to dose** - If serum creatinine greater than 2 mg/dl, **pharmacy to dose initial and maintenance doses** (For dialysis patients initial dose per pharmacy then nephrology will be notified to follow maintenance dosing)

OR

- Levofloxacin 750 mg IV daily*

MRSA Suspected:

- Add Vancomycin 20 mg/kg (not to exceed 2 grams) x 1 then **pharmacy to dose**

IDSA/ATS 2007 Pneumonia Guidelines

*Adjust prolonged dosing with decreased renal function – one time orders are okay as written

The above sheet is to serve as a guide.

Refer to the American Thoracic Guidelines and Infectious Disease Society of America Guidelines referenced above for additional information.