

Clinical Guidelines for the Outpatient treatment of Community Acquired Pneumonia

The most common pathogens isolated in outpatients with community acquired pneumonia:

- Streptococcus pneumoniae
- Mycoplasma pneumoniae
- Haemophilus influenzae
- Chlamydia pneumoniae
- Respiratory viruses (18-38%)

Patient Characteristics	Outpatient Oral Antibiotic Regimen
Previously healthy with no risk factors for drug-resistant S. pneumoniae	<p><u>Macrolide:</u></p> <ul style="list-style-type: none"> • Azithromycin (500mg D1, then 250mg daily) • Clarithromycin (500mg bid; 1000mg daily XL) <p>OR</p> <p><u>Doxycycline</u> (100mg bid)</p>
<p>Co-morbidity or risk factor for drug-resistant S. pneumoniae:</p> <ul style="list-style-type: none"> • use of a broad spectrum antibiotic in previous 3 months • age over 65 • alcoholism • chronic disease (e.g. heart, lung, liver, or kidney disease or diabetes) • cancer • asplenia • exposure to child in day care • immunosuppression <p>If the patient has received an antibiotic within the previous three months, pick an option from a different class</p>	<p><u>Macrolide</u> (as above) PLUS <u>beta-lactam:</u></p> <ul style="list-style-type: none"> • High dose amoxicillin (1000mg tid) or • Amoxicillin-clavulanate (2000mg bid); use amoxicillin/clavulanate 1000mg/62.5mg/tab only <p>Alternative to macrolide: doxycycline Alternative to oral beta-lactams:</p> <ul style="list-style-type: none"> • cefdinir (300mg bid) or • cefpodoxime proxetil (200mg bid) or • cefuroxime axetil (500mg bid) or • ceftriaxone (1-2gm IV/IM q 24 hour) <p>OR</p> <p><u>Respiratory fluoroquinolone:</u></p> <ul style="list-style-type: none"> • Moxifloxacin (Avelox) (400mg q 24 h) • Levofloxacin (750mg q 24 h) • Gemifloxacin (Factive) (320mg q 24 h)
Kentuckiana has outpatient susceptibility data suggesting >50% macrolide-resistant S. pneumoniae	Treatment recommendations are as above

Treatment length: At least 5 days (some guidelines recommend 7 days for outpatients)

Antibiotics should not be stopped until **afebrile at least 48 hours** and no more than one sign of instability (T>37.8; HR >100; RR≥24; SBP <90; O2 sat <90% on room air; inability to maintain oral intake; or altered mental status)

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(Algorithm for determining appropriateness of outpatient treatment)

	Clinical Factor	Points	Total Score	30-day mortality	Risk Level	Suggested treatment site
C	Confusion	1	0	0.6%	Low	Outpatient
U	BUN ≥ 19	1	1	2.7%	Low	Outpatient
R	RR ≥ 30	1	2	6.8%	Moderate	Short inpatient/supervised outpatient
B	SBP ≤ 90 or DBP ≤ 60	1	3	14.0%	Moderate to high	Inpatient
65	Age ≥ 65	1	4 or 5	≥27.8%	High	Inpatient/ICU