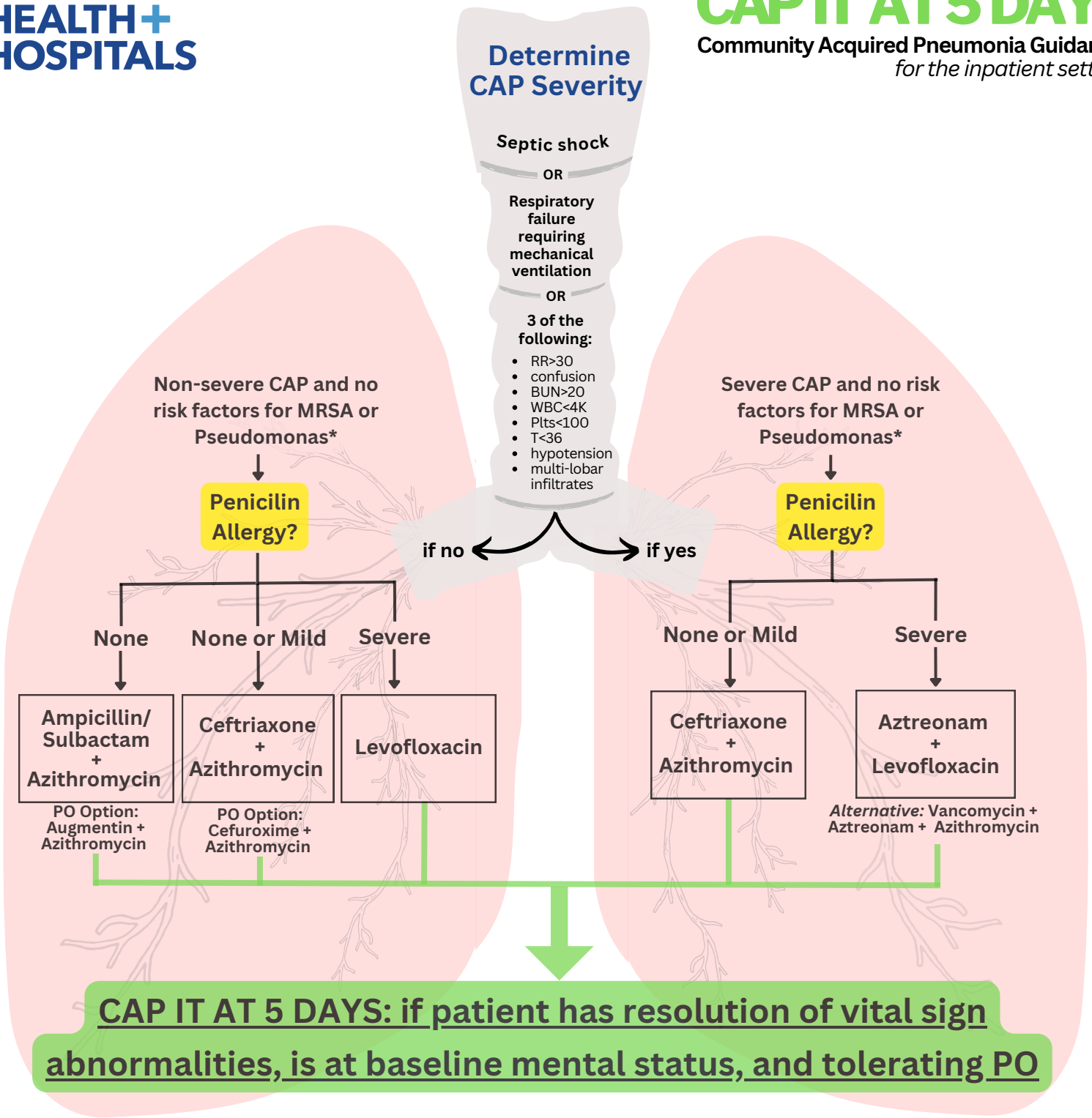
NYC HEALTH+ HOSPITALS

CAP IT AT 5 DAYS

Community Acquired Pneumonia Guidance
for the inpatient setting



*Assess for Penicillin allergy and:

MRSA risk factors *(recent hospitalization + received parenteral antibiotics in the last 90 days OR prior history of MRSA)*
Pseudomonas risk factors *(recent hospitalization + received parenteral antibiotics in the last 90 days OR prior history of Pseudomonal infection or structural lung disease)*

In non-severe CAP, obtain sputum and blood cultures if the patient has risk factors for MRSA or Pseudomonal infection. Only initiate empiric coverage if the patient has recent isolation of MRSA or Pseudomonas.

If risk of MRSA or Pseudomonas:

- **No Penicillin Allergy:** Cefepime or Piperacillin/tazobactam + Azithromycin
- **Mild Penicillin Allergy:** Cefepime + Azithromycin
- **Severe Penicillin Allergy:** Levofloxacin + Aztreonam (de-escalate to 1 agent based on susceptibility)

Obtain MRSA Nasal PCR if treating empirically with Vancomycin, and consider discontinuation if PCR is negative.