Community Acquired Pneumonia
- Presence of lung infiltrate
  AND
  - Symptoms of cough, tachypnea, dyspnea
  OR
  - Symptoms of fever, chills, sweats, weight loss, altered MS

Not requiring ICU care

Risk Factors for Pseudomonas?
1. Recent ICU stay
2. Healthcare facility admission in last 3 months
3. Antibiotic in last 30 days
4. Bronchiectasis
5. Structural lung disease with concordant steroid use in last 3 months

Yes

No

All medication doses assume normal renal function (GFR>60)

Requiring ICU care

Risk Factors for Pseudomonas?

Yes

No

*If concern for *S. aureus*, add vancomycin 20 mg/kg x1, then 15-20 mg/kg IV Q12H

All medication doses assume normal renal function (GFR>60)

This chart is a summary of the combined practice patterns of multiple members of the Division of Infectious Diseases faculty of the University of Pittsburgh School of Medicine. It draws from published studies, local and national guidelines, and hospital policies. As such, it is not recommendations for treatment of any specific condition or patient and should not be used as such. It does not replace local or regional guidelines, and do not represent the position of the University of Pittsburgh School of Medicine.

azithromycin 500 mg IV Q24H
PLUS azithromycin 500 mg IV Q24H
PLUS cefepime 2g IV Q12H
PLUS ampicillin/sulbactam 3g IV Q6H
OR ceftriaxone 1g IV Q24H

If penicillin allergic:
levofloxacin 750 mg IV Q24H
PLUS consider tobramycin

azithromycin 500 mg IV Q24H
PLUS azithromycin 500 mg IV Q24H
PLUS cefepime 2g IV Q12H
PLUS ampicillin/sulbactam 3g IV Q6H
PLUS tobramycin

If penicillin allergic:
aztreonam 2g IV Q8H + levofloxacin 750 mg IV Q24H + consider tobramycin

azithromycin 500 mg IV Q24H
PLUS azithromycin 500 mg IV Q24H
PLUS cefepime 2g IV Q12H
PLUS aztreonam 2g IV Q8H + levofloxacin 750 mg IV Q24H + tobramycin

If penicillin allergic:
aztreonam 2g IV Q8H + levofloxacin 750 mg IV Q24H + consider tobramycin