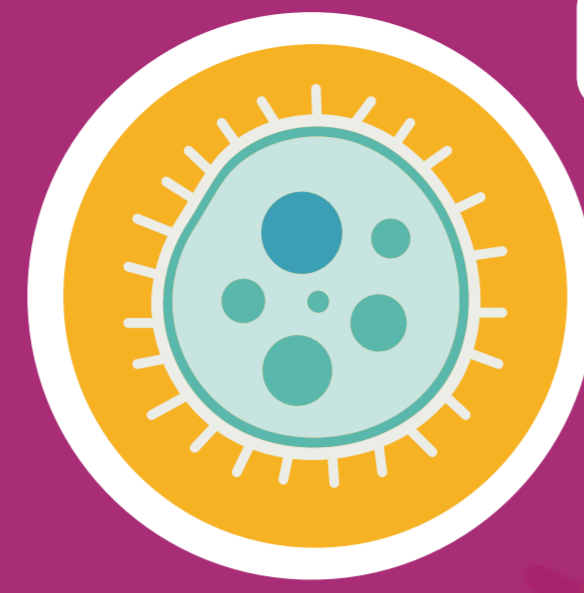


5 Facts

COMMUNITY ACQUIRED PNEUMONIA

Stewie's
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Monthly
Antimicrobial Memo
December 2020

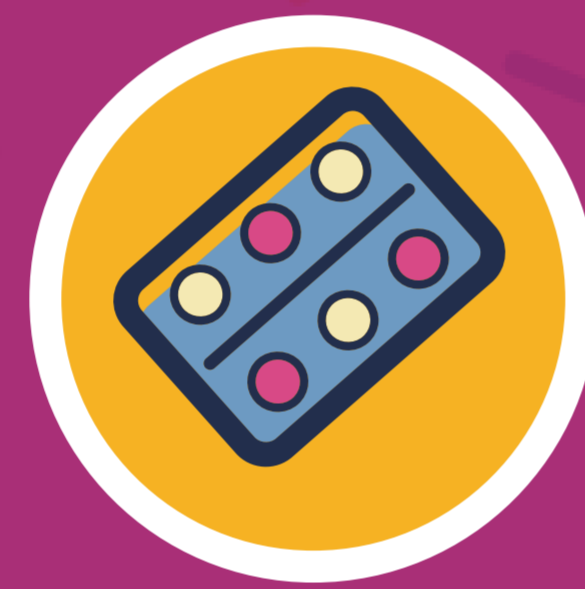


COMMUNITY ACQUIRED PNEUMONIA CLINICAL PRACTICE GUIDELINES

Did you know that CM recently updated the Community Acquired Pneumonia (CAP) Clinical Practice Guideline (CPG)? A recent change is the recommendation to use ampicillin/sulbactam instead of clindamycin + ceftriaxone to treat complicated CAP due to low rates of MRSA identified in patients with CAP at CM (2% of pleural fluid cultures) The CPG can be found [here](#).

ANTIBIOTIC OF CHOICE

Studies in both the [inpatient](#) and [outpatient](#) settings report variability in antibiotic prescribing and deviation from guidelines to treat CAP. Use of broad-spectrum antibiotics, such as ceftriaxone, [do not improve outcomes](#) in uncomplicated CAP. High-dose ampicillin or amoxicillin should be used first-line & provide excellent coverage against *Streptococcus pneumoniae*, the most likely bacteria.



AZITHROMYCIN USE IN COMMUNITY ACQUIRED PNEUMONIA

Even though a Z-Pak (azithromycin) may be easy to prescribe, azithromycin is not always the best option for adult or pediatric CAP. There is increasing resistance, and only 57% of *Streptococcus pneumoniae* isolates at CM are adequately treated by azithromycin. Azithromycin can be considered for treatment of CAP caused by atypical pathogens (i.e., *Mycoplasma*), although [benefit is controversial](#).

AUGMENTIN (AMOXICILLIN/CLAVULANATE) FORMULATION

Specific formulations of amoxicillin/clavulanate, including extra-strength oral suspension (600 mg amoxicillin/5 mL) or XR capsules, should only be selected when prescribing high dose amoxicillin/clavulanate for CAP. Other formulations provide too much clavulanate which leads to abdominal pain, nausea, & diarrhea. A dosage formulation selection table may be found in [here](#).



DURATION OF TREATMENT

Existing guidelines have recommended 10 days of antibiotics to treat CAP, however more recent data support shorter treatment courses in both children and adult patients. A [recent pediatric study](#) compared short (5-7 days) vs. long (8-14 day) antibiotic treatment courses. No differences were observed in treatment failure between groups, which supports a 5-7 day course of antibiotics for treatment for uncomplicated CAP.

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