

	Standard Regimen	Prior Respiratory Isolation of MRSA	Prior Respiratory Isolation of <i>Pseudomonas aeruginosa</i>	Recent Hospitalization and Parenteral Antibiotics and Locally Validated Risk Factors for MRSA	Recent Hospitalization and Parenteral Antibiotics and Locally Validated Risk Factors for <i>P. aeruginosa</i>
Nonsevere inpatient pneumonia ^a	β -Lactam + macrolide ^b or respiratory fluoroquinolone ^b	Add MRSA coverage ^c and obtain cultures/nasal PCR to allow deescalation or confirmation of need for continued therapy	Add coverage for <i>P. aeruginosa</i> ^d and obtain cultures to allow deescalation or confirmation of need for continued therapy	Obtain cultures but withhold MRSA coverage unless culture results are positive. If rapid nasal PCR is available, withhold additional empiric therapy against MRSA if rapid testing is negative or add coverage if PCR is positive and obtain cultures	Obtain cultures but initiate coverage for <i>P. aeruginosa</i> only if culture results are positive
Severe inpatient pneumonia ^a	β -Lactam + macrolide ^b or β -lactam + fluoroquinolone ^b	Add MRSA coverage ^c and obtain cultures/nasal PCR to allow deescalation or confirmation of need for continued therapy	Add coverage for <i>P. aeruginosa</i> ^d and obtain cultures to allow deescalation or confirmation of need for continued therapy	Add MRSA coverage ^c and obtain nasal PCR and cultures to allow deescalation or confirmation of need for continued therapy	Add coverage for <i>P. aeruginosa</i> ^d and obtain cultures to allow deescalation or confirmation of need for continued therapy

Definition of abbreviations: ATS = American Thoracic Society; CAP = community-acquired pneumonia; HAP = hospital-acquired pneumonia; IDSA = Infectious Diseases Society of America; MRSA = methicillin-resistant *Staphylococcus aureus*; VAP = ventilator-associated pneumonia.

^aAs defined by 2007 ATS/IDSA CAP severity criteria guidelines (see Table 1).

^bAmpicillin + sulbactam 1.5–3 g every 6 hours, cefotaxime 1–2 g every 8 hours, ceftazidime 1–2 g daily, or ceftazidime 600 mg every 12 hours AND azithromycin 500 mg daily or clarithromycin 500 mg twice daily.

^cLevofloxacin 750 mg daily or moxifloxacin 400 mg daily.

^dFor the 2016 ATS/IDSA HAP/VAP guidelines: vancomycin (15 mg/kg every 12 h, adjust based on levels) or linezolid (600 mg every 12 h).

^eFor the 2016 ATS/IDSA HAP/VAP guidelines: piperacillin-tazobactam (4.5 g every 6 h), ceftipime (2 g every 8 h), ceftazidime (2 g every 8 h), imipenem (500 mg every 6 h), meropenem (1 g every 8 h), or aztreonam (2 g every 8 h). Does not include coverage for extended-spectrum β -lactamase-producing *Enterobacteriaceae*, which should be considered only on the basis of patient or local microbiological data.

Idsa Community Acquired Pneumonia Guidelines

**Infectious Diseases Society of America
(Idsa), Infectious Diseases Society of
America Staff, American Thoracic
Society (Ats), American Thoracic
Society Staff**

Idsa Community Acquired Pneumonia Guidelines:

Outpatient Community-Acquired Pneumonia in Adults GUIDELINES Pocketcard Infectious Diseases Society of America (Idsa), Infectious Diseases Society of America Staff, American Thoracic Society (Ats), American Thoracic Society Staff, 2010-09 GUIDELINES Pocketcards are multifold pocketcards containing society endorsed evidence based treatment guidelines in a brief algorithmic format that is most preferred by practising clinicians quality managers nurses educators and medical students The Outpatient Community Acquired Pneumonia GUIDELINES Pocketcard is endorsed by the Infectious Diseases Society of America IDSA and the American Thoracic Society ATS and is based on the latest IDSA ATS guidelines This practical quick reference tool contains screening severity assessment instruments diagnostic and treatment recommendations an initial management algorithm and drug therapy and dosing information It provides all that is needed to make accurate clinical decisions at the point of care including key points diagnostic management criteria disease assessment severity criteria initial management algorithm initial empirical antibiotic therapy recommended antimicrobials current medication tables with brand and generic names and detailed drug information including strengths formulations and comments Applications include point of care education QI interventions clinical trials medical reference and clinical research

Community-Acquired Pneumonia Antoni Torres, Rosario Menendez, 2008-07-31 Community Acquired Pneumonia CAP refers to pneumonia acquired outside of hospitals or extended care facilities and is distinct from Nosocomial or hospital acquired pneumonia which is a separate disease entity It is one of the most common respiratory infections and presents one of the major health problems today with an incidence that ranges from eight to fifty cases per thousand individuals each year Mortality is still very high and yet the risk factors are very well known Many of these are related to antibiotic treatment delay in administration inadequacy of empiric antibiotics and lack of adherence to guidelines for treatment are all clearly associated with poor treatment outcomes Following a description of the epidemiology and microbial etiology of ambulatory and hospitalized CAP this book provides an in depth review of the important new advances in therapeutics including management of drug resistance to the three major classes of antibiotics used for treatment of CAP lactams macrolides and quinolones All of them have advantages and disadvantages and these are put into perspective This book highlights guideline recommendations and presents a balanced analysis to help physicians deliver the highest standard of care In addition the authors provide an insight into the 10% of patients who do not respond to antibiotics and could benefit from adjunctive therapies some still under review This volume will be welcomed by pulmonologists and all clinicians involved in managing community acquired pneumonia

Community-Acquired Pneumonia Stefano Aliberti, James D. Chalmers, Mathias W. Pletz, 2014-03-01 Community acquired pneumonia remains the leading cause of hospitalisation for infectious disease in Europe and a major cause of morbidity and mortality This issue of the European Respiratory Monograph brings together leading experts in pulmonology infectious diseases and critical care from around the world to present the most recent

advances in the management of community acquired pneumonia It provides a comprehensive overview of the disease including chapters on microbiology pathophysiology antibiotic therapy and prevention along with hot topics such as viral pneumonias and pneumonia associated with inhaled corticosteroids *Community-Acquired Pneumonia* Thomas J. Marrie,2007-05-08 Pneumonia along with influenza is the sixth leading cause of death in adults About 4 million adults develop pneumonia each year in the US resulting in 64 million days of restricted activity 39 million days of bed confinement and 10 million days of lost work Yet the admission rates to hospital length of stay investigations antimicrobial therapy and prevention strategies vary greatly from one geographic area to the next and the scientific basis for many of our management strategies for pneumonia is weak to nonexistent There are over 100 microbial agents that can cause pneumonia and many of these especially *Streptococcus pneumoniae* Group A streptococcus and *Staphylococcus aureus* are in a state of flux in terms of changing antimicrobial resistance This book is designed to provide new information about pneumonia and identify critical research questions that will come to the fore as we enter the 21st century **Community-Acquired Pneumonia** American Thoracic Society,2010-07-06 Guidelines Pocketcards are multi folded cards containing society endorsed evidence based treatment guidelines in a brief step by step format that is most preferred by practicing clinicians quality managers nurses educators and medical students The Community Acquired Pneumonia Guidelines Pocketcard is endorsed by the Infectious Diseases Society of America IDSA and American Thoracic Society ATS and is based on the latest IDSA and ATS guidelines This practical quick reference tool contains screening diagnostic treatment algorithm drug therapy dosing information patient monitoring and counseling points It provides all that is needed to make accurate clinical decisions at the point of care

Community-Acquired Respiratory Infections Charles H. Nightingale,Paul Ambrose,Thomas M. File, Jr.,2003-08-20 Up to date information The book is well supplied with references that are easily accessible Doody's Electronic Journal

Oxford Handbook of Infectious Diseases and Microbiology Estee Torok,Ed Moran,Fiona Cooke,2009-03-26 Reflecting the current approach to joint postgraduate training programmes in infectious diseases ID and microbiology the Oxford Handbook of Infectious Diseases and Microbiology takes an integrated approach to both subjects It covers the basic principles of bacteriology and virology along with specific guidance on individual diseases and conditions all in the accessible Oxford Medical Handbook style Practical and comprehensive this handbook includes coverage of national and international guidelines together with information on topical issues such as bioterrorism and preventative medicine Fully reviewed by specialist senior readers and with useful links to up to date clinical information and online resources this is an important addition to the Oxford Medical Handbook Series **Manual of Clinical Problems in Pulmonary Medicine** Timothy A. Morris,Andrew L. Ries,Richard A. Bordow,2014-04-16 Stay current with the latest information on the diagnosis and management of pulmonary disorders with Manual of Clinical Problems in Pulmonary Medicine 7e Drawing on the expertise of a stellar team of renowned experts in the field this updated pocket reference provides concise coverage of all aspects of

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