

	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

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Adopting the Melody of Term: An Mental Symphony within **Idsa Community Acquired Pneumonia Guidelines**

In a global eaten by monitors and the ceaseless chatter of immediate communication, the melodic beauty and psychological symphony created by the written term usually disappear into the backdrop, eclipsed by the persistent noise and disruptions that permeate our lives. But, nestled within the pages of **Idsa Community Acquired Pneumonia Guidelines** a stunning fictional value overflowing with organic feelings, lies an immersive symphony waiting to be embraced. Crafted by an elegant musician of language, this charming masterpiece conducts visitors on a mental journey, skillfully unraveling the hidden tunes and profound influence resonating within each cautiously constructed phrase. Within the depths with this emotional analysis, we will examine the book is key harmonies, analyze their enthralling writing style, and surrender ourselves to the profound resonance that echoes in the depths of readers souls.

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