

| | 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, ceftriaxone 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 Guidelines Community Acquired Pneumonia

Ajay K. Singh, Joseph Loscalzo



Idsa Guidelines Community Acquired Pneumonia:

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 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 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 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 *Community Acquired Pneumonia: Controversies and Questions, an Issue of Infectious Disease Clinics* Thomas M. File Jr., 2013-03-28 Pneumonia is the leading cause of death due to infectious disease This issue of Infectious Disease Clinics guest edited by Tom File focuses on the controversies and questions surrounding community acquired pneumonia including the potential benefits of identifying biomarkers for management of CAP which could someday become a part of routine diagnostic testing for CAP the best therapies for influenza viral causes of pneumonia the most common form of the disease in children and clinical scoring tools to help predict long term outcomes The issue also discusses how to approach MRSA as a cause of CAP and how to approach the non responding patient *Internal Medicine* Ajay K. Singh, Joseph Loscalzo, 2012-07-26 This authoritative thorough volume provides in depth coverage on all specialties of internal medicine as well as palliative care occupational medicine psychiatry and geriatric medicine **Cases in Hospital Medicine** Zahir Kanjee, Joshua M. Liao, 2019-10-16 Written by authors who are hospitalists and clinician educators Cases in Hospital Medicine uses practical case studies and current medical evidence to guide you expertly through the types of cases seen most often by practicing hospital based clinicians This engaging handbook covers the wide range of both broad and specific knowledge required in the hospital environment while focusing on highly relevant questions and today's best practices You'll find real world guidance on essential topics including commentary on research studies and clinical guidelines *Evidence-Based Infectious Diseases* Dominik Mertz, Fiona Smail, Nick Daneman, 2018-05-31 Written by an international team of authors specializing in microbiology and infectious disease this new edition of Evidenced based Infectious Diseases presents practical up to date information on the care of individual patients suffering from infectious diseases Each chapter addresses a series of focused clinical questions addressed in a systematic fashion including a comprehensive literature search and a rating of the quality of evidence using principles of the GRADE framework Evidence Based Infectious Diseases is the ideal reference work for all those involved with microbiology infectious diseases and clinical management *Drugs in Respiratory Medicine* Jyotirmoy Pal, Nandini Chatterjee, 2024-02-20 Update in Hospital Medicine, An Issue of Medical Clinics of North America Andrew S. Dunn, 2020-07-16 This issue of Medical Clinics guest edited by Dr Andrew Dunn is an Update in Hospital Medicine Articles in this issue include Sepsis severe sepsis and septic shock Pneumonia Acute congestive heart failure Acute exacerbation of COPD Acute manifestations of alcohol use disorder Opioid use disorder Acute Venous Thromboembolism Acute liver Injury Decompensated cirrhosis Hospital acquired infections Peri operative management of anticoagulation Teamwork essentials for the hospitalist Teaching at the bedside and more 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

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The Washington Manual of Critical Care Marin H. Kollef, Timothy J. Bedient, Warren Isakow, 2008 Prepared by residents and faculty at the Washington University School of Medicine this pocket manual contains easy to read

algorithms for the management of more than 80 medical and surgical problems arising in the intensive care unit Chapters focus on specific problems and the algorithms provide straightforward approaches to the management of these issues Coverage includes a section on procedures commonly performed in the intensive care unit Appendices include common equations in the ICU drug drug interactions and common drug dosages and side effects *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 pulmonary disorders including pathophysiology differential diagnoses and the latest evidence based treatments for pulmonary illness Featuring a spiral binding compact size and concise entries this reference is ideal for bedside use and is portable enough to take along as you move between home clinic and hospital Well worth reading cover to cover and will serve as an excellent reference resource in the field of pulmonary medicine K P Ravikrishnan FRCP C FACP William Beaumont Hospitals reviewing previous edition Key features of *Manual of Clinical Problems in Pulmonary Medicine* include Highlights of pulmonary and critical care medicine processes and resources available to help you prevent diagnose and treat respiratory diseases Up to date information on presentations that are typical for common and otherwise important respiratory disorders Updated traditional disease based chapters so you can refresh your knowledge NEW sections on Presentation of Respiratory Disorders and Pulmonary Resources and Procedures help you clearly identify and treat your patients Uniform chapters that highlight key characteristics including definition etiology incidence diagnostic work up management and outcomes Annotated bibliography presents the best evidence for you to apply in practice Whether you are a busy practitioner in pulmonary medicine a pulmonary specialist or a resident in pulmonary medicine internal medicine or general surgery you ll find this authoritative reference a must have for your practice

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