

Uncomplicated Community Acquired Pneumonia (CAP)

STRIVE for FIVE days of Antibiotics

Five days of antibiotic therapy for most patients with uncomplicated community acquired pneumonia is effective and causes fewer complications, including decreased risk of *C. difficile* infection, decreased risk of adverse drug reaction and decreased antibiotic resistance development.

Evidence supporting 5 days of treatment:

- National consensus guidelines created jointly by the Infectious Diseases Society of America (IDSA) and the American Thoracic Society (ATS) recommend 5 days of antibiotic therapy for adult patients with community-acquired pneumonia (CAP) who have been afebrile for 48 hours and have no more than 1 CAP associated sign of clinical instability++.
- Two systemic reviews with meta-analyses have shown that short courses of antibiotic therapy were effective for the treatment of uncomplicated CAP and at least five RCTs have shown that 5 days of antibiotic therapy was as safe and effective as longer durations of treatment.

Discharging CAP Patients:

- The 5-day duration for CAP should be the sum of inpatient and outpatient administrations. Prescribing too many extra days of outpatient antibiotics is the #1 reason patients get longer treatment durations.

Oral Antibiotics for Step-down Therapy / Discharge

Amoxicillin

Amoxicillin-Clavulanate

Cefdinir or Cefuroxime

Levofloxacin

- Consider use only in patients with a severe cephalosporin allergy
- Strongly associated with development of *C. difficile*
- Associated with prolonged QTc intervals, tendinopathies & altered mental status

Azithromycin is not recommended at discharge as either monotherapy or in combination with the antibiotics above in uncomplicated CAP if they have already received 3 days of therapy while hospitalized due to its long half-life (unless treating *Legionella*).

*Recommendations are intended for non-ICU patients with CAP who are not immunosuppressed and do not have risk factors for multi-drug-resistant organisms, pseudomonas, or MRSA

++ Signs of clinical instability: oxygen saturation < 90% or new oxygen requirement, heart rate > 100 beats/minute, respiratory rate > 24 breaths/minute, systolic blood pressure < 90 mmHg, altered mental status (different than baseline).