

PNEUMONIA GUIDELINES

2/06

INCLUSION

ALL ADULTS (≥ 18 yo)

ADMITTED

DIAGNOSIS OF PNEUMONIA IN ED

THREE STEPS REQUIRED

1. BLOOD CULTURE

Before antibiotics given

2. APPROPRIATE ANTIBIOTICS

Floor: Ceftriaxone IV (1 gm q 24h) + Biaxin po (500 mg q 12h)

OR: Ceftriaxone IV (1 gm q 24h) + Erythromycin IV (500 mg q 6h) [if NPO]

-Pen allergy: Avelox (moxifloxacin) IV (400 mg q 24h) [single antibiotic]

-Macrolide allergy: Doxycycline IV/po (100 mg q 12 h) [**for** Biaxin or erythro]

ICU: Ceftriaxone IV (1 gm q 24h) + Erythro **IV** (500 mg q 6h)

-Pen allergy: Avelox (moxifloxacin) IV (400 mg q 24h)

Special case

-**Nursing home:** Zosyn (piperacillin/tazobactam) IV (3.375 gm q 6h) + Erythromycin IV (500 mg q 6h)

[or if pen allergic: Clindamycin IV (600 mg q 8h) + Cipro (400 mg q 12h)]

-Be sure to make a *specific* notation if during the last 3 months the patient either

(a) was admitted to the hospital or

(b) is immunocompromised due to dialysis, chemo, radiation, leukemia/lymphoma

3. TIMELINESS OF ANTIBIOTICS

-Within 4 hours from triage: if close to 4 hours, consider giving before xray result

-This is required of all patients with pneumonia whether they're a special case or not

UROSEPSIS ANTIBIOTICS

10/04

Recent sensitivities suggest **ZOSYN** is empirical antibiotic of choice for treatment of urosepsis

Pen allergy: Gentamycin 7 mg/kg q d