



Definition of CAP: Infection of the lung parenchyma in a person who is not hospitalized or living in a long-term care facility for ≥ 2 weeks. This pneumonia develops in the outpatient setting or within 48 hours of admission to a hospital.

Define the severity of CAP: Assess the severity of pneumonia and site of receiving care through an objective tool for risk assessment using CURB 65 scoring system for pneumonia which consists of 5 risk factors each scores one point, for a maximum score of 5.

CURB 65 scoring system for pneumonia:

*Risk of mortality

Empirical antibiotics for CAP			
Site of Care	Option 1	Option 2	Option 3
Outpatient treatment:	Oral Respiratory Fluoroquinolones	Oral β -Lactam/ β -Lactamase + Oral New Macrolide	IM 3rd Generation Cephalosporin + Oral New Macrolide
In-patient treatment: Non-ICU	IV Respiratory Fluoroquinolones	IV β -Lactam/ β -Lactamase + IV New Macrolide	IV 3rd Generation Cephalosporin + IV New Macrolide
In-patient treatment: ICU	IV Respiratory Fluoroquinolones + 3rd or 4th generation cephalosporin	IV Imipenem + IV New Macrolide	
Special entities in ICU:			
Aspiration	As Before + IV Clindamycin	As Before + IV Metronidazole	
Risk of Pseudomonas Infection	Antipseudomonal beta-lactam (3 rd or 4 th generation cephalosporin or Piperacillin-tazobactam or carbapenem) PLUS (aminoglycoside or antipseudomonal fluoroquinolone)		
Community-acquired methicillin-resistant Staphylococcus aureus infection (MRSA)	Add Teicoplanin	Add Linezolid	Add Vancomycin

Recommended Adult Doses and Intervals for the Main Oral Antibiotics Recommended in the Treatment for CAP			
Group	Antibiotic	Dose	Interval
Respiratory Fluoroquinolone	Levofloxacin	750mg	Every 24h
	Gemifloxacin	320 mg	Every 24 h
	Moxifloxacin	400 mg	Every 24 h
β -Lactam/ β -Lactamase	Amoxicillin/ Clavulanate	1g	Every 8-12 h
New Macrolide	Azithromycin	500 mg	Every 24 h
	Clarithromycin	500 mg	Every 12 h

Duration of the Treatment: Patients with CAP should be treated for a minimum of 5 days, should be afebrile for 48–72 h, and should have no more than 1 CAP-associated sign of clinical instability before discontinuation of therapy. Lengthening of therapy to a minimum of 14 days is recommended in some cases according to severity

CAP Criteria for clinical stability
Temperature ≤ 37.8 C
Heart rate ≤ 100 beats/min
Respiratory rate ≤ 24 breaths/min
Systolic blood pressure ≥ 90 mm Hg
Arterial oxygen saturation $\geq 90\%$ or pO ₂ ≥ 60 mm Hg on room air
Ability to maintain oral intake
Normal mental status