



**SPA PCP Treatment Guideline
Pneumonia Outpatient Treatment Indications**

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Patient Name	_____
Date of Birth	_____
Patient ID #	_____
Insurance	_____

Adult Community Acquired Pneumonia (CAP)-Outpatient Treatment

Reviewed: 9/2008

Physician Office
 ER Evaluation
 Urgent Care

DIAGNOSIS INCLUSION CRITERIA: <ul style="list-style-type: none"> ▪ 18-84 years of age ▪ Probable or definite diagnosis of CAP 	Radiographic evidence of infiltrate compatible with acute infection At least two of the following Clinical Symptoms: <i>Check all that apply</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Oral temperature ≥ 38 °C or rectal temperature ≥ 39 °C</td> <td style="width: 50%;"></td> </tr> <tr> <td>Cough</td> <td></td> </tr> <tr> <td>Chest pain</td> <td></td> </tr> <tr> <td>Shortness of breath</td> <td></td> </tr> <tr> <td>Crackles on auscultation</td> <td></td> </tr> </table>	Oral temperature ≥ 38 °C or rectal temperature ≥ 39 °C		Cough		Chest pain		Shortness of breath		Crackles on auscultation		Document actual values as available	EXCLUSION CRITERIA: <ul style="list-style-type: none"> ▪ HIV/AIDS ▪ Chronically immunosuppressed ▪ Known IV drug use ▪ Hospitalization within 10 days ▪ Homeless or no phone ▪ Pregnant ▪ Unable to use oral medication ▪ Severe psychosocial problems ▪ Known pregnancy ▪ Current nursing home resident ▪ Severe neuromuscular disease ▪ O₂ Sat < 90% or PO₂ < 60 or room air, or chronically O₂ dependent. <p><i>If any of above do not use this tool</i></p> Pneumonia Severity Index Score Evaluation <ul style="list-style-type: none"> • <u>≤ 90, Low Risk Patient:</u> No difference in 30-day mortality rate between inpatient and outpatient therapy. • <u>> 90, Patient probably requires hospital admission.</u> <p>Although the pneumonia severity index is accurate over large populations, it may not apply to certain patients in particular clinical settings. This guide is not intended to replace clinical judgment.</p>
Oral temperature ≥ 38 °C or rectal temperature ≥ 39 °C													
Cough													
Chest pain													
Shortness of breath													
Crackles on auscultation													
Risk Assessment	Pneumonia Severity Index (PSI)	Points											
Age	# Points = to patients age												
Gender	If Female -10												
Known Heart Failure	If Yes, +10												
Known Active Cancer	If Yes, +30												
Known Liver Disease	If Yes +20												
Known Chronic Renal Insufficiency	If Yes, +10												
Known Cerebrovascular Disease	If Yes, +10												
Systolic Blood Pressure (mmHg)	If <90, +20												
Heart Rate (/min)	If ≥ 125 , +10												
Respiratory Rate (/min)	If ≥ 30 , +20												
Oral Temperature (F)	If < 95, +15, If ≥ 104 , +15												
Altered Mental State	If Yes, +20												
LABORATORY DATA	Assign 0 points if not done												
Hematocrit (%)	If <30, +10												
Glucose (mg/dl)	If ≥ 250												
Sodium (mg/dl)	If <130, +20												
BUN (mg/dl)	If >30, +20												
Arterial pH	If <7.35, +30												
Pleural Effusion on Chest X-ray	If Yes, +10												
TOTAL													

Disposition	≤ 90		TREAT AS OUTPATIENT	See reverse side for antibiotic selection algorithm
	> 90		ADMIT TO HOSPITAL	Please fill out the hospital community acquired pneumonia standard orders.

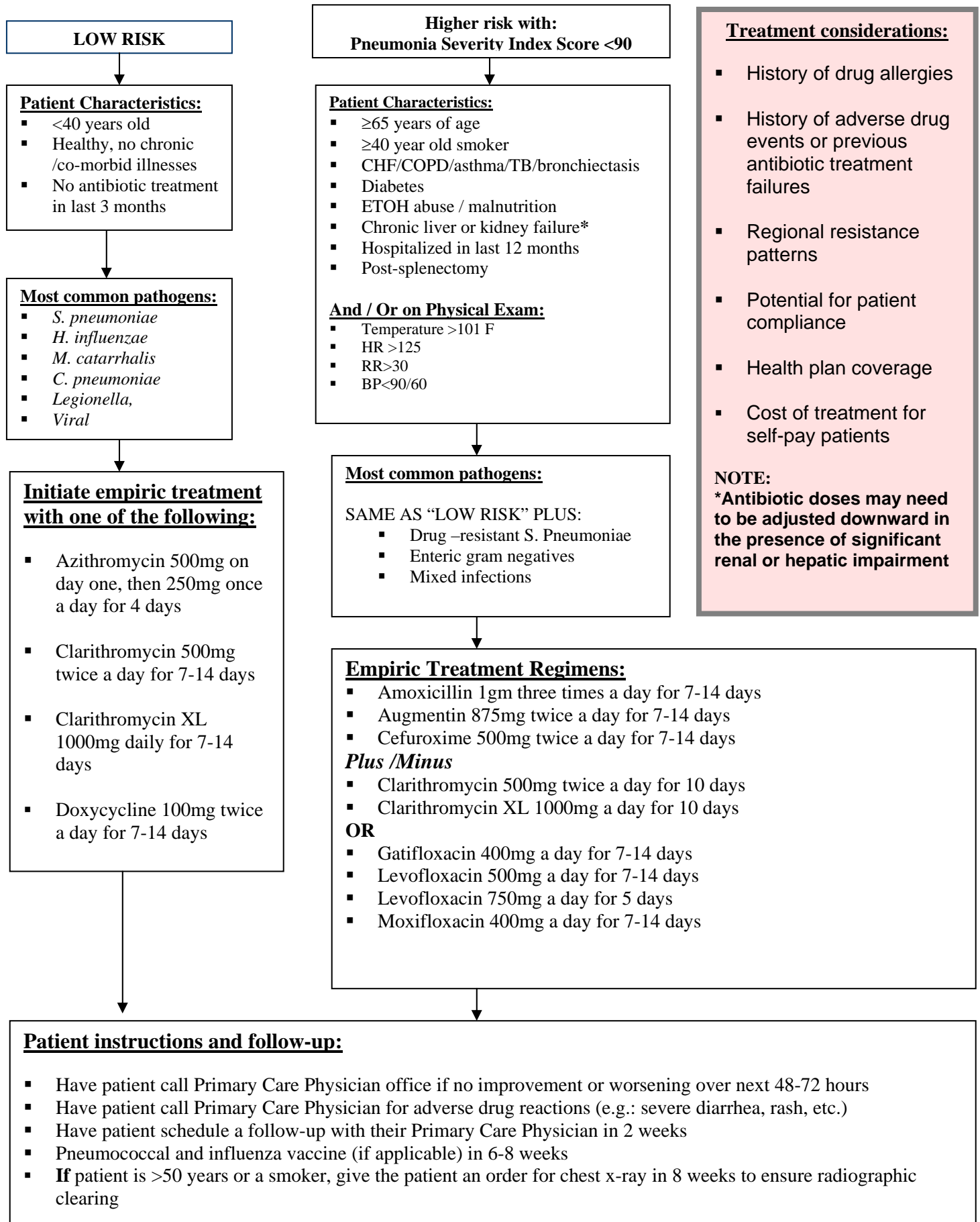
Antibiotic recommendations for outpatient treatment
Give the patient a written prescription for him/her to fill at their community pharmacy

Patient Name: _____ **DOB:** _____ **Known Drug Allergies:** _____
Dx: Pneumonia

<input type="checkbox"/> Doxycycline 100mg #20 Sig: 1 capsule twice daily x 10 days	<input type="checkbox"/> Clarithromycin 500mg #20 Sig: 1 tablet twice daily x 10 days	<input type="checkbox"/> Levofloxacin 750mg #5 Sig: 1 tablet daily x 5 days
<input type="checkbox"/> Azithromycin 250mg #6 Sig: 2 tablets on day 1, then 1 tablet daily on days 2 through 5	<input type="checkbox"/> Clarithromycin 500mg XL #20 Sig: 2 tablets daily x 10 days	<input type="checkbox"/> Gatifloxacin 400mg #10 Sig: 1 tablet daily x 10 days
<input type="checkbox"/> Amox/Clav 875/125mg #20 Sig: 1 tablet daily x 10 days	<input type="checkbox"/> Moxifloxacin 400mg #10 Sig: 1 tablet daily x 10 days	<input type="checkbox"/> Other: _____

NOTE: Doses listed are for normal renal and hepatic function. Dose should be adjusted downward in the presence of significant renal or hepatic impairment for many medications, refer to prescribing information for each product.

Community Acquired Pneumonia (CAP) – Antibiotic Selection Algorithm



Treatment considerations:

- History of drug allergies
- History of adverse drug events or previous antibiotic treatment failures
- Regional resistance patterns
- Potential for patient compliance
- Health plan coverage
- Cost of treatment for self-pay patients

NOTE:
*Antibiotic doses may need to be adjusted downward in the presence of significant renal or hepatic impairment