

STEP-WISE APPROACH FOR TREATING COMMUNITY ACQUIRED PNEUMONIA(CAP)

A SIMPLIFIED PROTOCOL FOR EFFECTIVE TREATMENT

If patient is clinically improving, normalizing vital signs & down trending inflammatory markers – Consider IV to ORAL switch

(Table 04)

Table 04

IV to ORAL switch therapy (IVOST) & duration

If blood culture positive- guided by ABST, use the Ab with narrowest spectrum (sputum culture may not be directly correlating to the causative pathogen)

If blood culture negative

- Moderate/ severe CAP- on IV co-amoxiclav/ceftriaxone/cefotaxime → Oral co-amoxiclav
- In complicated pneumonias (with complex effusion, empyema, abscess) obtain multi disciplinary decision on oral switch & duration

Duration

- Total IV+Oral 7 days (guided by clinical response)

Community-acquired pneumonia (CAP) is an acute infection of the lung parenchyma acquired outside of hospitals or other healthcare facilities, typically presenting with symptoms such as fever, cough, sputum production and breathlessness.

Ix:- FBC/CRP/CXR/ if severe- blood culture, urinary antigen for *Legionella*, *Pneumococci* & *Mycoplasma* serology, Sputum or BAL culture, Nasal/throat swab for influenza

CAP

Asses severity (CURB 65) (Table 01)

Table 01
CURB-65

- Confusion - 1
- Uremia - 1
- Respiratory rate>30 - 1
- Blood Pressure SBP<90, DBP<60
- Age>65 - 1

IDSA/ATS GUIDELINES FOR SEVERE CAP

- Major Criteria
- Septic shock, with need for vasopressors
 - Respiratory failure requiring mechanical ventilation
- Minor Criteria
- Respiratory rate ≥ 30 breaths/min
 - PaO₂/FiO₂ ratio ≤ 250
 - Multilobar infiltrates
 - Confusion/disorientation
 - Uremia (BUN ≥ 20 mg/dL)
 - Leukopenia (WBC $<4,000$ cells/microL)
 - Thrombocytopenia (platelet $<100,000$ /microL)
 - Hypothermia (T $<36^{\circ}\text{C}$)
 - Hypotension that requires aggressive fluid resuscitation

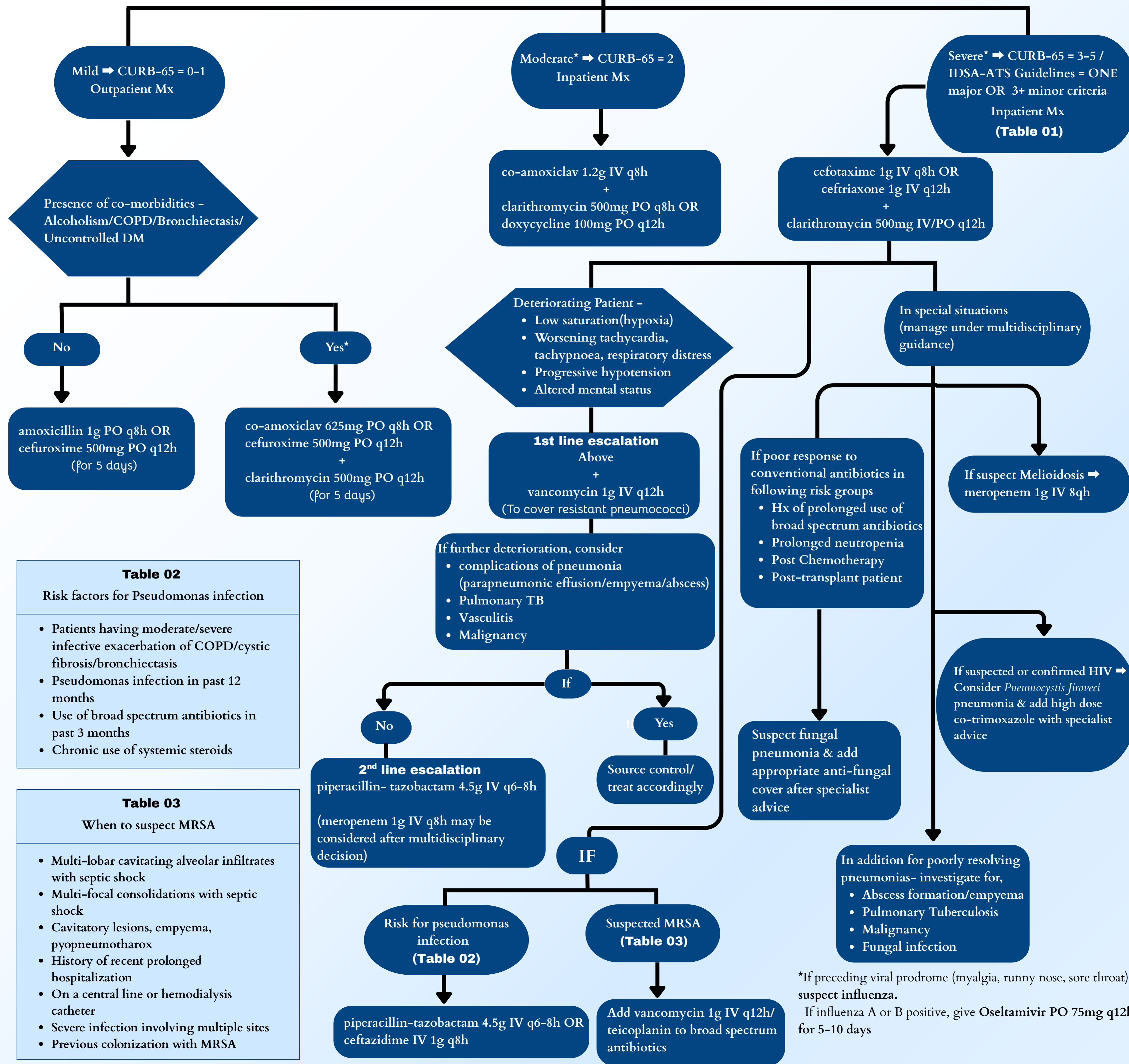


Table 02
Risk factors for Pseudomonas infection

- Patients having moderate/severe infective exacerbation of COPD/cystic fibrosis/bronchiectasis
- Pseudomonas infection in past 12 months
- Use of broad spectrum antibiotics in past 3 months
- Chronic use of systemic steroids

Table 03

When to suspect MRSA

- Multi-lobar cavitating alveolar infiltrates with septic shock
- Multi-focal consolidations with septic shock
- Cavitatory lesions, empyema, pyopneumothorax
- History of recent prolonged hospitalization
- On a central line or hemodialysis catheter
- Severe infection involving multiple sites
- Previous colonization with MRSA

This protocol doesn't account for dosing in renal failure, pregnancy & antibiotic allergy.

Updated in 2025



SRI LANKA COLLEGE OF INTERNAL MEDICINE
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