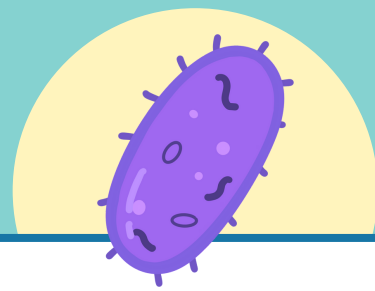


## Use Ceftriaxone 1 g IV Daily

**Ceftriaxone 2 g IV daily provides no added benefit for mild to moderate CAP**

- Ceftriaxone 1 g IV provides levels ~1500x the MIC\* of *S. pneumoniae*.
- Ceftriaxone 1 g vs. 2 g IV daily has the same clinical cure for CAP.<sup>1</sup>

\*Minimum Inhibitory Concentration



## Avoid Routine Atypical Coverage

**Atypical coverage is not required for most mild to moderate CAP (CRB-65 score ≤ 2)**

The **CAP-START** study showed no benefit to adding atypical coverage in 90-day mortality for hospitalized patients with CAP, excluding patients with suspected atypical infection.<sup>2</sup>



## Shorten Duration of Treatment

Duration of CAP should be:

- **3 days** - If all clinical stability criteria are met by Day 3
- **5 days** - If no more than one clinical instability criterion is present
- **7 days** - For all other cases without complications (**empyema, abscess**)

The **PTC** study showed that 3 days was non-inferior to 8 days of therapy in hospitalized patients with CAP.<sup>3</sup>

### Step 1 - Assess severity

Severity of Pneumonia based on CRB-65 Score (1 point each)

- Confusion or altered mental status from baseline
- Respiratory Rate ≥ 30 bpm
- Blood Pressure (Diastolic ≤ 60 mmHg or Systolic < 90 mmHg)
- 65 years of age or more



### Step 2- Choose treatment

Treatment Guidelines (ASPIRES)		Duration
<b>Mild CAP (CRB-65 score 0-1; 30-day mortality 1-2%)</b>	<b>Amoxicillin 500-1000 mg PO TID</b> <i>If penicillin/amoxicillin allergic with no severe delayed reaction to β-lactams:</i> <b>Cefuroxime 500 mg PO BID-TID</b> <i>If severe penicillin/amoxicillin &amp; cefuroxime allergy:</i> <b>Doxycycline 100 mg PO BID</b>	<b>3-5 days</b>
<b>Moderate CAP (CRB-65 score 2; 30-day mortality 8.2%)</b>	<b>Amoxicillin-clavulanate 875-125 mg PO BID OR Cefuroxime 500 mg PO BID-TID</b> <i>If unable to tolerate PO or IV therapy is required: Ceftriaxone 1 g IV daily</i> <i>If an atypical infection is suspected ADD:</i> <b>Azithromycin 500 mg PO/IV daily x 3 days OR Doxycycline 100 mg PO BID</b> <i>If penicillin/cefuroxime/ceftriaxone allergy: Moxifloxacin 400 mg PO/IV daily</i>	<b>3-5 days</b>
<b>Severe CAP (CRB-65 score 3-4; 30-day mortality 31.3%)</b>	<b>Ceftriaxone 1-2 g IV daily AND Azithromycin 500 mg PO/IV daily x 3 days OR Doxycycline 100 mg PO BID</b> <i>If ceftriaxone allergy or SEVERE allergy to beta-lactams:</i> <b>Moxifloxacin 400 mg PO/IV daily</b> <i>If MRSA is suspected, ADD: Vancomycin 15 mg/kg IV (follow the Pharmacy Vancomycin Empiric Dosing Guidelines reference card; no load needed)</i>	<b>3-7 days</b>



### Step 3- Assess when to stop

#### Clinical Stability Criteria

#### Stop on day 3 if:

1. Afebrile (≤ 37.8°C) on day 3 of therapy
2. No CAP-associated sign of clinical instability OR return to baseline
  - i. Systolic blood pressure < 90 mmHg
  - ii. Heart rate ≥ 100 beats/minute
  - iii. Respiratory rate ≥ 24 breaths/minute
  - iv. Oxygen saturation < 90% on room air (or on baseline home oxygen)

#### Stop on day 5 if:

1. Afebrile (≤ 37.8°C) for 48 hours
2. No more than 1 CAP-associated sign of clinical instability on day 5 of therapy OR return to baseline
  - i. Systolic blood pressure < 90 mmHg
  - ii. Heart rate > 100 beats/minute
  - iii. Respiratory rate > 24 breaths/minute
  - iv. Oxygen saturation < 90% on room air (or on baseline home oxygen)



Got feedback or questions? Let us know by scanning the QR code!

1. Telles JP et al. Efficacy of Ceftriaxone 1 g daily Versus 2 g daily for The Treatment of Community-Acquired Pneumonia: A Systematic Review with Meta-Analysis. Expert Rev Anti Infect Ther. 2019 Jul;17(7):501-510.

2. Postma DF et al. Antibiotic treatment strategies for community-acquired pneumonia in adults. N Engl J Med. 2015 Apr 2;372(14):1312-23.

3. Dinh A et al. Discontinuing β-lactam treatment after 3 days for patients with community-acquired pneumonia in non-critical care wards (PTC): a double-blind, randomised, placebo-controlled, non-inferiority trial. Lancet 2021; 397:1195-1203.