May 2021

WELCOME

Dr. Anne Nguyen has joined the Coastal ASPIRES team. She will be the team pharmacist while **Dr. Jane Lin** is away on maternity leave.

Left to right: Dr. Yu (ID), Dr. Torchinsky (ID), Jane (pharm), Dr. Douglas (ID), Anne (pharm).

Anne is excited to be returning to Lions Gate Hospital and Vancouver Coastal. She is looking forward to working with ASPIRES and collaborating with healthcare teams to promote the appropriate utilization of antimicrobials.

Question? Call 604-417-8921

https://aspires.vch.ca/

May 2021

Update on CAP management:

- Stratify patients using CRB-65
- Move away from routine atypical coverage
- Reserve fluoroquinolones for those with severe allergy to beta-lactams

CRB-65 scoring, 1 point for each of the following:

- Confusion (MMSE < 9 or new disorientation to person, place or time)
- RR ≥ 30 breaths/min
- SBP < 90 mmHg or DBP < 60 mmHg
- Age ≥ 65 years

CRB-65 score	Score 0-1	Score 2	Score 3-4
Risk stratification	**low risk**	**intermediate risk** (30-day mortality 1-10%)	**high risk** (30-day mortality >10%)
Usual pathogens	*S. pneumoniae* *M. pneumoniae* *C. pneumoniae*	As in Score 0-1, plus: *H. influenzae*	As in Score 2 plus: *S. aureus* *Group A Strep* *Enterobacterales*
1st line	Amoxicillin	Cefuroxime	Ceftriaxone
2nd line	Cefuroxime (if penicillin/amoxicillin allergy)	Amoxicillin-clavulanate	N/A
3rd line	Doxycycline* (if cefuroxime allergy)	Moxifloxacin* (if severe beta-lactam allergy)	Moxifloxacin* (if ceftriaxone allergy)
Atypical Coverage	No	Only if strongly suspected, add: Doxycycline* -or- Azithromycin* (total 1.5g)	Yes, add: Doxycycline* -or- Azithromycin* (total 1.5g)
Empiric MRSA coverage	No	No	If suspected, add: Vancomycin IV
Duration	5 days	5 days minimum	5 days minimum

*provides atypical coverage

Cerner PowerPlans ED Pneumonia MED Pneumonia (Module) and PPO **COMMUNITY-ACQUIRED PNEUMONIA - INITIAL MANAGEMENT (ADULT)** (VCH.CO.3045) are being updated to reflect above recommendations.

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Innovation, Research, Education, and Safety
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Update on COPDE/AECB management:

- Approximately 50% due to viral infection and antibiotics not required!
- Select empiric therapy based on disease severity

Criteria for considering antibiotic therapy:

- Purulent sputum **AND** one of the following:
  - ↑ dyspnea
  - ↑ sputum volume

	< 4 exacerbation/yr	≥ 4 exacerbation/yr, home oxygen, chronic steroid
Severity	**Simple**	**Complicated**
Usual pathogens	*Haemophilus influenzae, Haemophilus species, Streptococcus pneumoniae, Moraxella catarrhalis, Chlamydophila pneumoniae* Viruses	As in simple plus: Increased probability of beta-lactam resistance *Enterobacterales* *Pseudomonas* species
1st line	Amoxicillin	Cefuroxime
2nd line	Doxycycline Cotrimoxazole	Amoxicillin-clavulanate
3rd line	Azithromycin (total 1.5g) Clarithromycin	Moxifloxacin (if severe beta-lactam allergy)
Atypical Coverage	Not indicated	Not indicated
Pseudomonas aeruginosa Coverage	Not required	If suspected, use instead: Ciprofloxacin -or- Piperacillin-tazobactam
Duration	5 days	5 days minimum

Cerner PowerPlans ED Chronic Obstructive Pulmonary Disease (COPD) RESP Exacerbation of COPD (Module) and PPO **COPD ACUTE EXACERBATION ADMISSION ORDERS (REGIONAL)** are being updated to reflect above recommendations.

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