

### Pneumonia Antibiotic Consensus Recommendations

Non-ICU Patient	ICU Patient	Pseudomonal Risk
<p><b>β-lactam (IV or IM) Table 2.3 + Macrolide (IV or oral) Table 2.5</b></p> <p>Or</p> <p><b>Antipseudomonal β-lactam monotherapy (IV or oral) Table 2.9</b></p> <p>Or</p> <p><b>β-lactam (IV or IM) Table 2.3 + Doxycycline (IV or oral) Table 2.10</b></p> <p>Or</p> <p>If less than 65 with no <i>Risk Factors for Drug-Resistant Pneumococcus</i> (see data element)  Macrolide monotherapy (IV or oral) Table 2.5</p> <p>β-lactam = Ceftriaxone, Cefotaxime, Ampicillin/Sulbactam, Ertapenem</p> <p>Macrolide = Erythromycin, Clarithromycin, Azithromycin</p> <p>Antipseudomonal Quinolones = Levofloxacin**, Moxifloxacin, Gemifloxacin</p>	<p><b>β-lactam (IV) Table 2.16 + Macrolide (IV) Table 2.6</b></p> <p>Or</p> <p><b>β-lactam (IV) Table 2.16 + Antipseudomonal Quinolone (IV) Table 2.14</b></p> <p>Or</p> <p><b>If documented β-lactam allergy: Antipseudomonal Quinolone (IV) Table 2.14 + Aztreonam (IV) Table 2.7</b></p> <p>β-lactam = Ceftriaxone, Cefotaxime, Ampicillin/Sulbactam,</p> <p>Macrolide = Erythromycin, Azithromycin</p> <p>Antipseudomonal Quinolones = Levofloxacin**, Moxifloxacin</p>	<p>These antibiotics would also be acceptable for ICU and Non-ICU patients with Pseudomonal Risk</p> <p><b>Antipseudomonal β-lactam (IV) Table 2.4 + Antipseudomonal Quinolone (IV) Table 2.8</b> (PO Quinolone is allowed for Non-ICU only)</p> <p>Or</p> <p><b>Antipseudomonal β-lactam (IV) Table 2.4 + Aminoglycoside (IV) Table 2.11 + either Antipseudomonal Quinolone (IV) Table 2.14 Or Macrolide (IV) Table 2.6</b> (PO Quinolone is allowed for Non-ICU only Table 2.9)</p> <p>Or</p> <p><b>If documented β-lactam allergy: Aztreonam (IV) Table 2.7 + Antipseudomonal Quinolone (IV) Table 2.14 + Aminoglycoside (IV) Table 2.11</b> (PO Quinolone is allowed for Non-ICU only Table 2.9)</p> <p><b>***Aztreonam (IV) Table 2.7 + Levofloxacin** (IV or oral) Table 2.17</b></p> <p>Antipseudomonal Quinolone = Ciprofloxacin, Levofloxacin**</p> <p>Antipseudomonal β-lactam = Cefepime, Imipenem, Meropenem, Piperacillin/Tazobactam</p> <p>Aminoglycoside = Gentamicin, Tobramycin, Amikacin</p> <p>Antipseudomonal Quinolone = Levofloxacin**, Moxifloxacin</p> <p>Macrolide = Azithromycin, Erythromycin</p>

Data collected by the CMS National Pneumonia Project indicate that 78% of Medicare pneumonia patients who were hospitalized during 1998-99 received antibiotics that were consistent with guidelines published at that time. Among the states and territories this ranged from 55% to 87%. Compliance was lower among ICU patients, largely because atypical pathogen coverage was generally not common, but was only recommended for ICU patients. Subsequent revisions have made such coverage recommended for all inpatients.

\*\*Levofloxacin should be used in 750mg dosage when used in the management of patients with pneumonia.

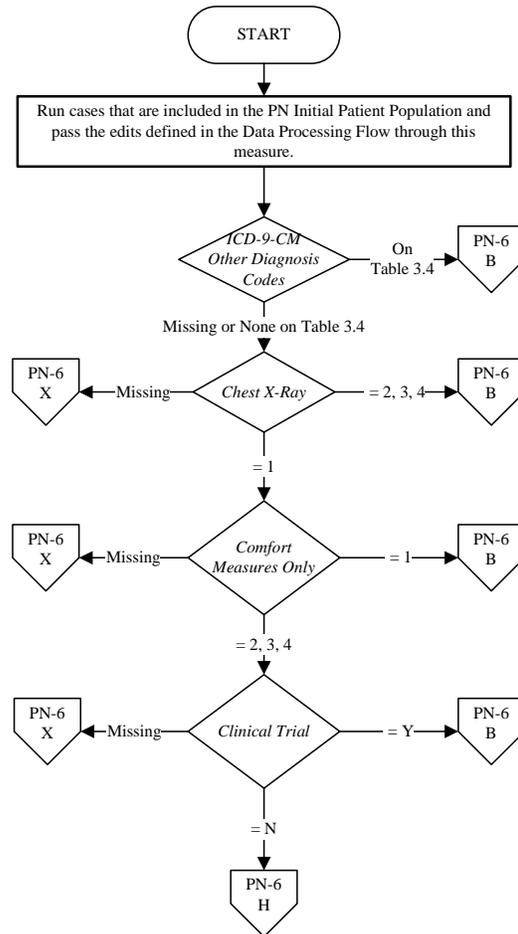
\*\*\* For patients with renal insufficiency

Note: The dosage listed is specified to reflect clinical expert recommendations. We do not collect dosage information for the purposes of the Pneumonia Project.

## PN-6: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients

**Numerator:** Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization

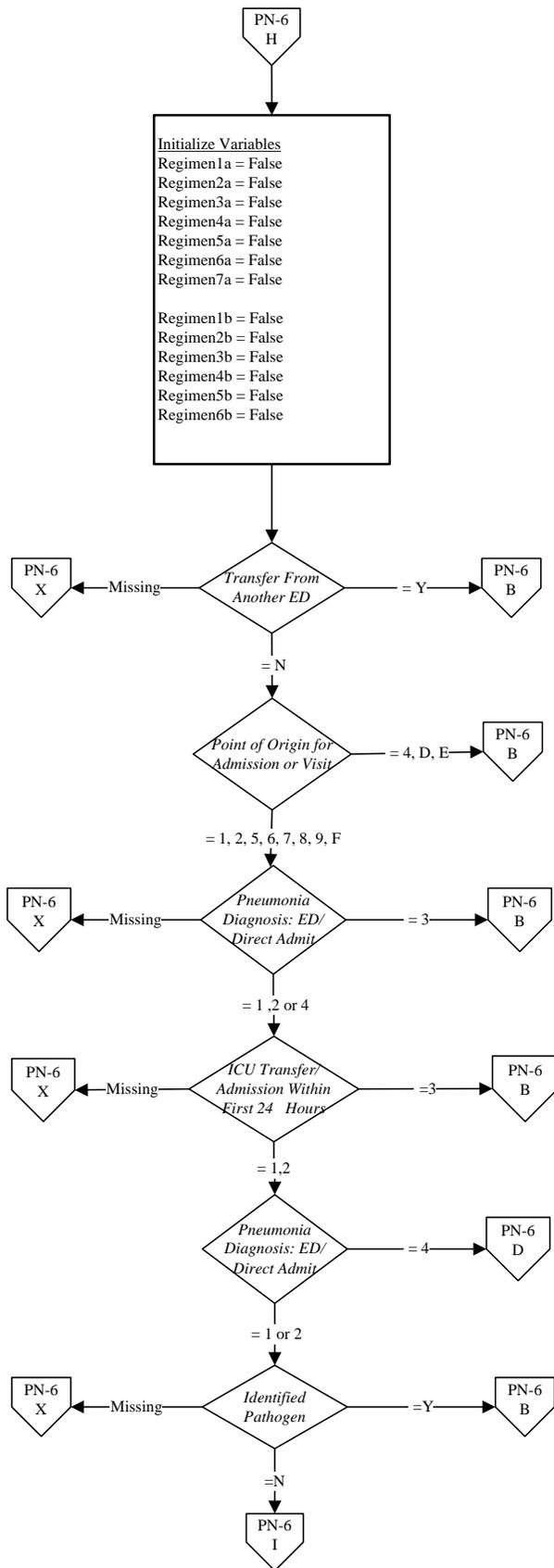
**Denominator:** Pneumonia patients 18 years of age and older.

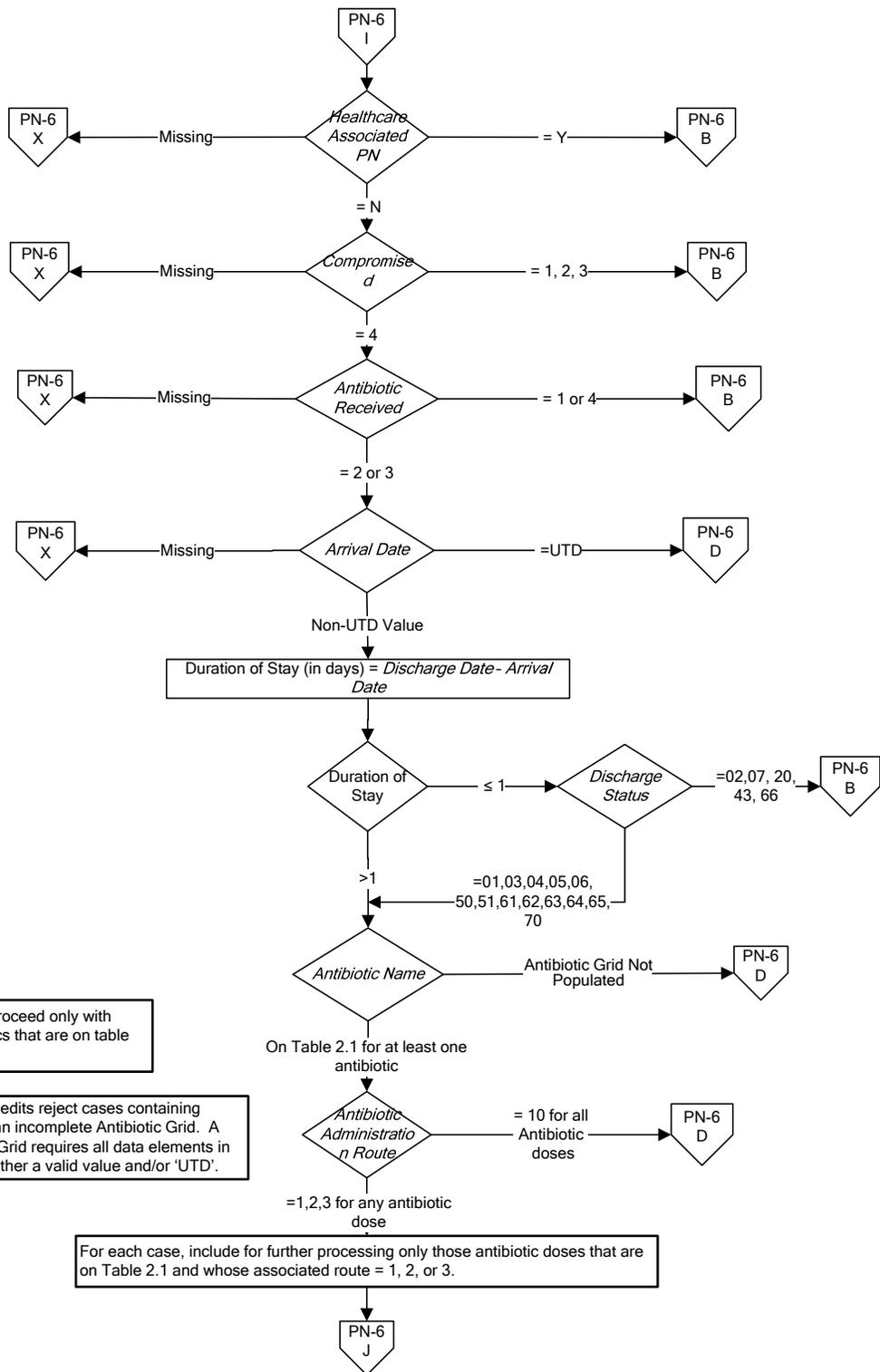


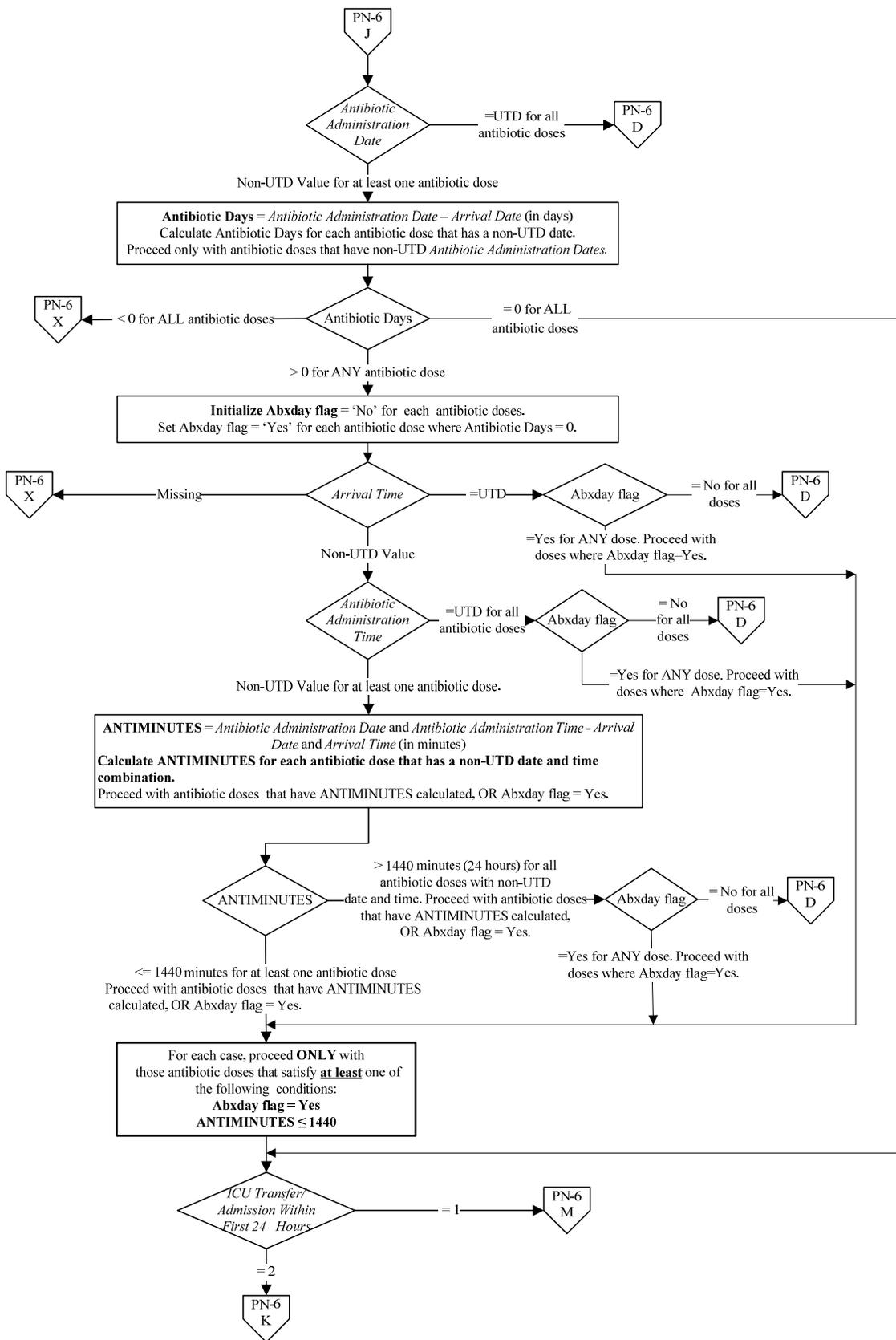

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**Variable Key:**  
 Patient Age  
 Duration of Stay  
 Antibiotic Days  
 Abxdays flag  
 ANTIMINUTES  
 Regimen1a  
 Regimen2a  
 Regimen3a  
 Regimen4a  
 Regimen5a  
 Regimen6a  
 Regimen7a  
 Regimen1b  
 Regimen2b  
 Regimen3b  
 Regimen4b  
 Regimen5b  
 Regimen6b

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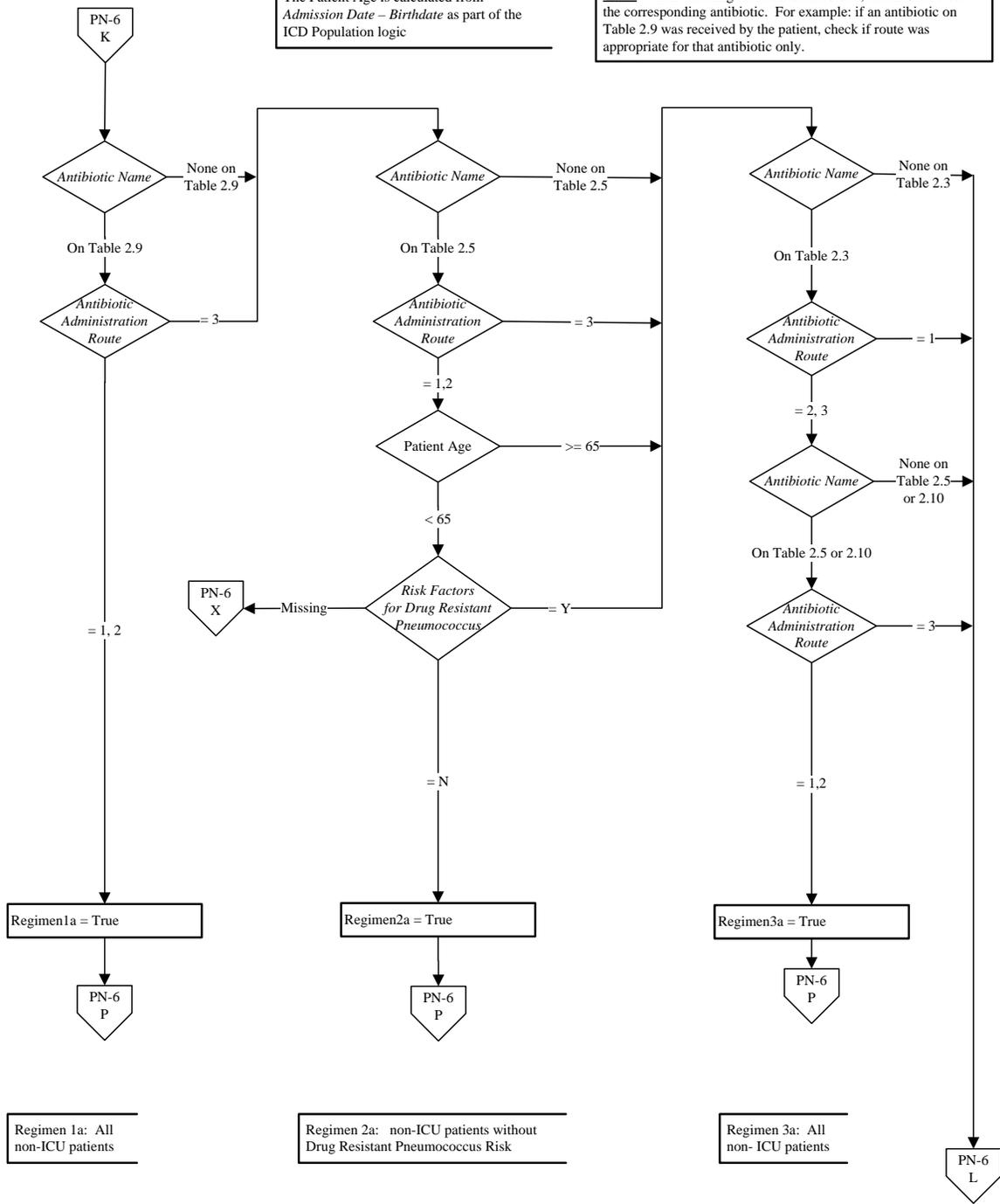


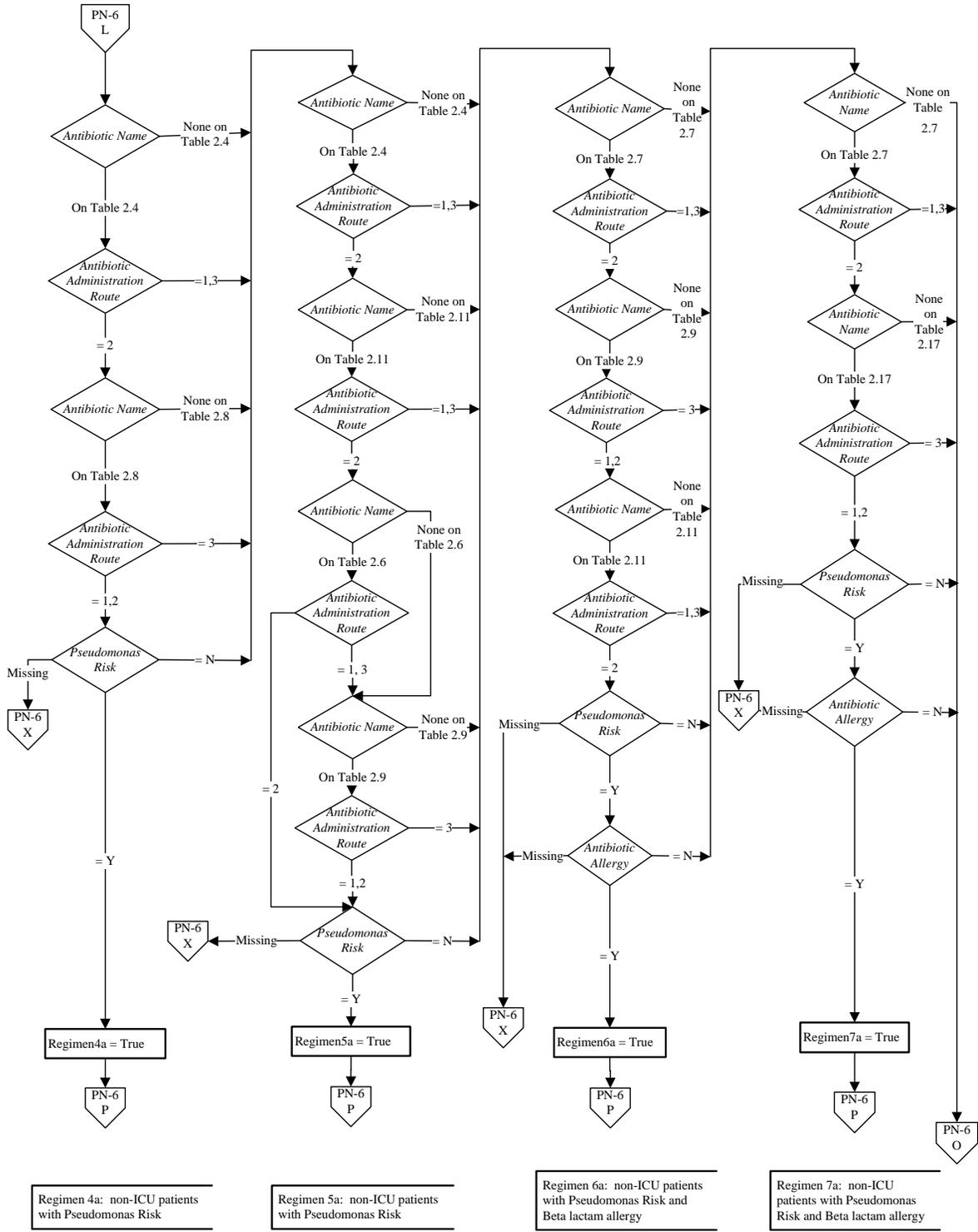




The Patient Age is calculated from Admission Date – Birthdate as part of the ICD Population Logic

**Note:** When checking for route of antibiotic, check ONLY for the corresponding antibiotic. For example: if an antibiotic on Table 2.9 was received by the patient, check if route was appropriate for that antibiotic only.





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