

Pneumonia Antibiotic Consensus Recommendations

Non-ICU Patient	ICU Patient	Pseudomonal Risk
<p>β-lactam (IV or IM) Table 2.3 + Macrolide (IV or oral) Table 2.5</p> <p>Or</p> <p>Antipseudomonal β-lactam monotherapy (IV or oral) Table 2.9</p> <p>Or</p> <p>β-lactam (IV or IM) Table 2.3 + Doxycycline (IV or oral) Table 2.10</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>β-lactam (IV) Table 2.16 + Macrolide (IV) Table 2.6</p> <p>Or</p> <p>β-lactam (IV) Table 2.16 + Antipseudomonal Quinolone (IV) Table 2.14</p> <p>Or</p> <p>If documented β-lactam allergy: Antipseudomonal Quinolone (IV) Table 2.14 + Aztreonam (IV) Table 2.7</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>Antipseudomonal β-lactam (IV) Table 2.4 + Antipseudomonal Quinolone (IV) Table 2.8 (PO Quinolone is allowed for Non-ICU only)</p> <p>Or</p> <p>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 (PO Quinolone is allowed for Non-ICU only Table 2.9)</p> <p>Or</p> <p>If documented β-lactam allergy: Aztreonam (IV) Table 2.7 + Antipseudomonal Quinolone (IV) Table 2.14 + Aminoglycoside (IV) Table 2.11 (PO Quinolone is allowed for Non-ICU only Table 2.9)</p> <p>***Aztreonam (IV) Table 2.7 + Levofloxacin** (IV or oral) Table 2.17</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.

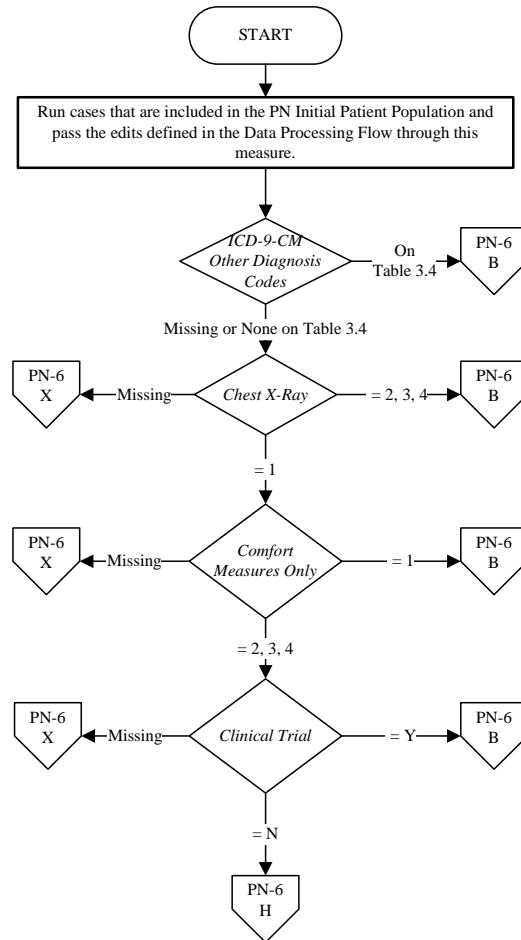
*** For patients with renal insufficiency

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

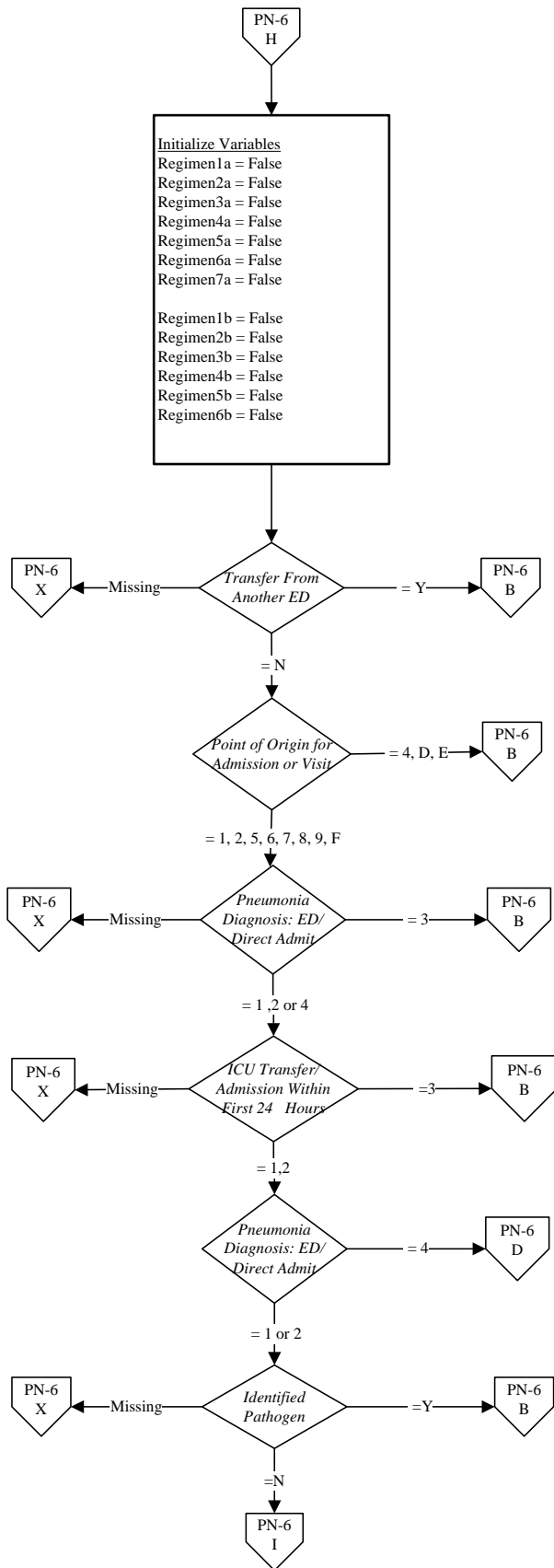
PN-6: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients

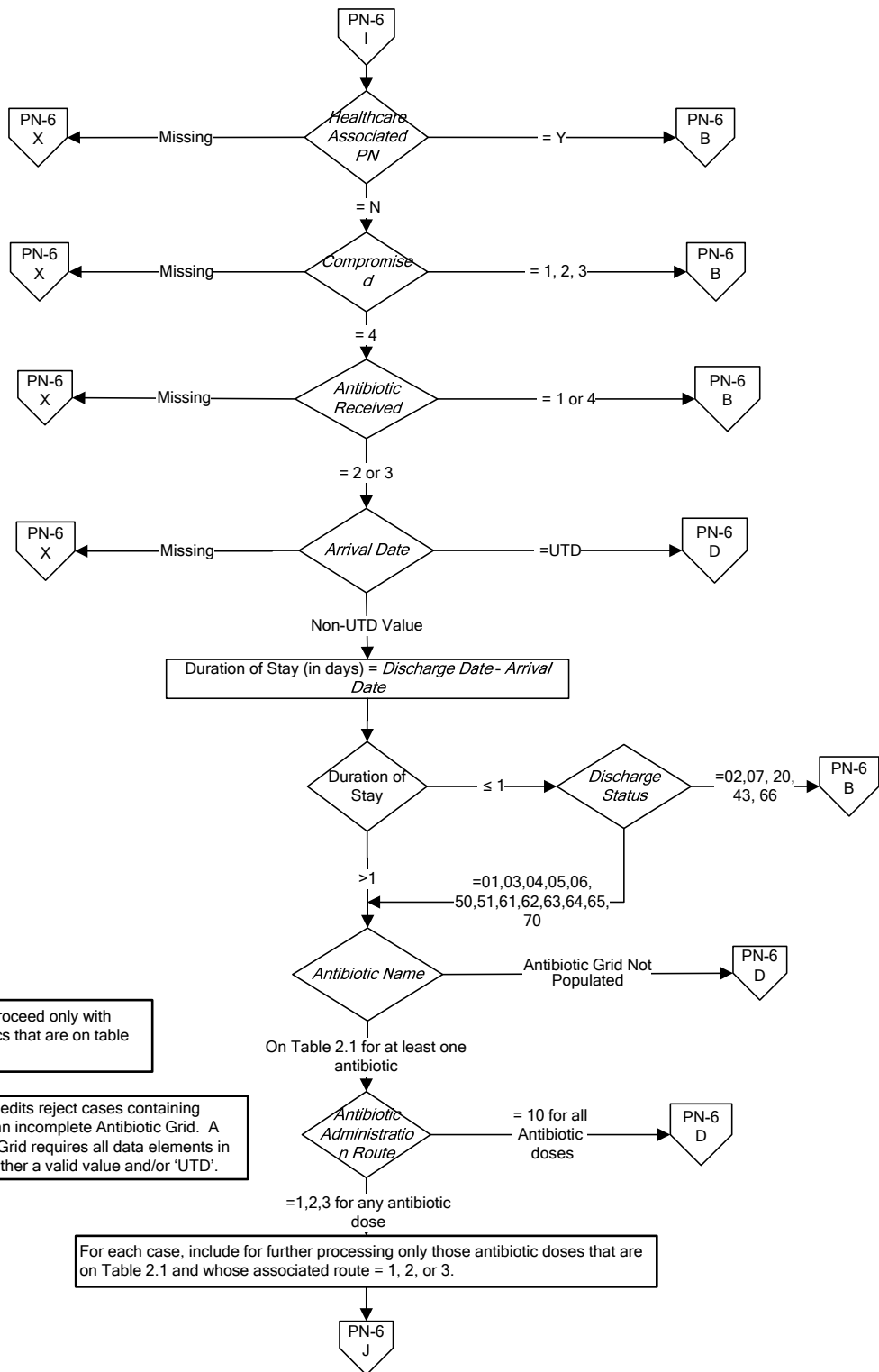
Numerator: Pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization

Denominator: Pneumonia patients 18 years of age and older.



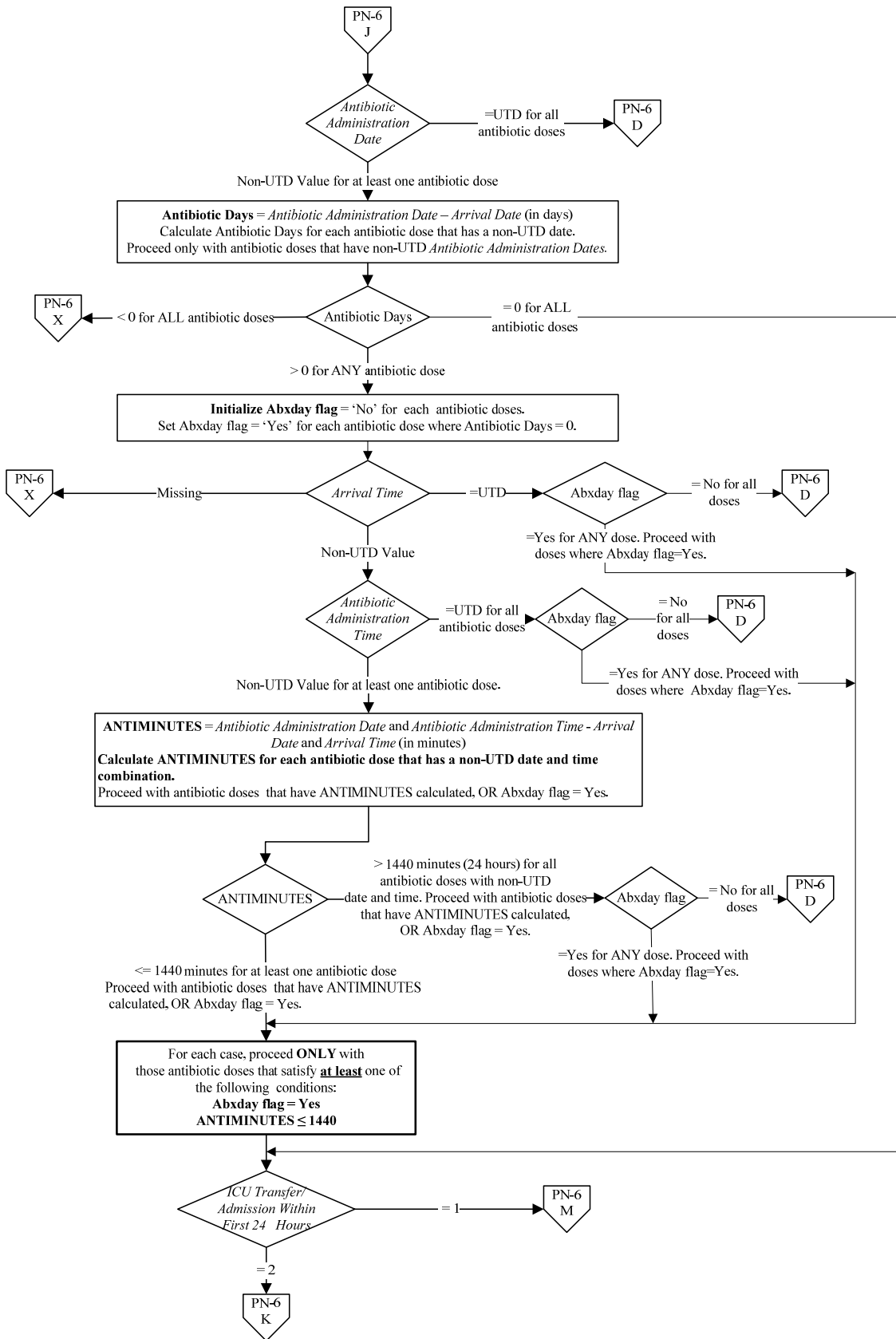
Variable Key:
 Patient Age
 Duration of Stay
 Antibiotic Days
 Abxdays flag
 ANTIMINUTES
 Regimen1a
 Regimen2a
 Regimen3a
 Regimen4a
 Regimen5a
 Regimen6a
 Regimen7a
 Regimen1b
 Regimen2b
 Regimen3b
 Regimen4b
 Regimen5b
 Regimen6b





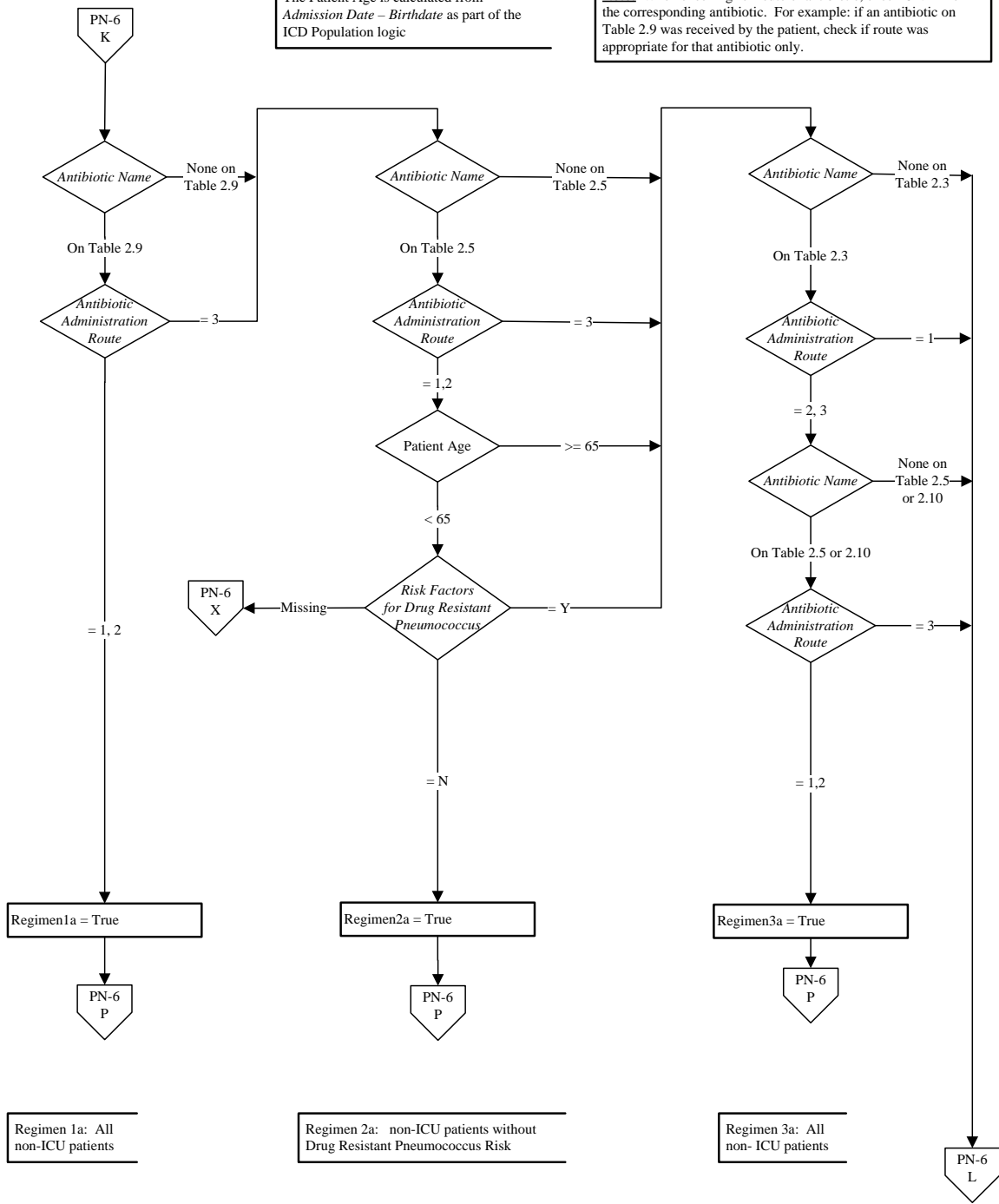
Note: Proceed only with antibiotics that are on table 2.1

Note: The front-end edits reject cases containing invalid data and/or an incomplete Antibiotic Grid. A complete Antibiotic Grid requires all data elements in the row to contain either a valid value and/or 'UTD'.



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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