

Pneumonia Antibiotic Consensus Recommendations

Non-ICU Patient	ICU Patient	Pseudomonal Risk
β-lactam (IV or IM) Table 2.3 + Macrolide (IV or oral) Table 2.5 Or Antipseudomoccal Quinolone monotherapy (IV or oral) Table 2.9 Or β-lactam (IV or IM) Table 2.3 + Doxycycline (IV or oral) Table 2.10 Or 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 β-lactam = Ceftriaxone, Cefotaxime, Ampicillin/Sulbactam, Ertapenem Macrolide = Erythromycin, Clarithromycin, Azithromycin Antipseudomoccal Quinolones = Levofloxacin**, Moxifloxacin, Gemifloxacin	β-lactam (IV) Table 2.16 + Macrolide (IV) Table 2.6 Or β-lactam (IV) Table 2.16 + Antipseudomoccal Quinolone (IV) Table 2.14 Or If documented β-lactam allergy: Antipseudomoccal Quinolone (IV) Table 2.14 + Aztreonam (IV) Table 2.7 β-lactam = Ceftriaxone, Cefotaxime, Ampicillin/Sulbactam, Macrolide = Erythromycin, Azithromycin Antipseudomoccal Quinolones = Levofloxacin**, Moxifloxacin	These antibiotics would also be acceptable for ICU and Non-ICU patients with Pseudomonal Risk Antipseudomonal β-lactam (IV) Table 2.4 + Antipseudomonal Quinolone (IV) Table 2.8 (PO Quinolone is allowed for Non-ICU only) Or Antipseudomonal β-lactam (IV) Table 2.4 + Aminoglycoside (IV) Table 2.11 + either Antipseudomoccal Quinolone (IV) Table 2.14 Or Macrolide (IV) Table 2.6 (PO Quinolone is allowed for Non-ICU only Table 2.9) Or If documented β-lactam allergy: Aztreonam (IV) Table 2.7 + Antipseudomoccal Quinolone (IV) Table 2.14 + Aminoglycoside (IV) Table 2.11 (PO Quinolone is allowed for Non-ICU only Table 2.9) *** Aztreonam (IV) Table 2.7 + Levofloxacin** (IV or oral) Table 2.17 Antipseudomonal Quinolone = Ciprofloxacin, Levofloxacin** Antipseudomonal β-lactam = Cefepime, Imipenem, Meropenem, Piperacillin/Tazobactam Aminoglycoside = Gentamicin, Tobramycin, Amikacin Antipseudomoccal Quinolone = Levofloxacin**, Moxifloxacin Macrolide = Azithromycin, Erythromycin

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.

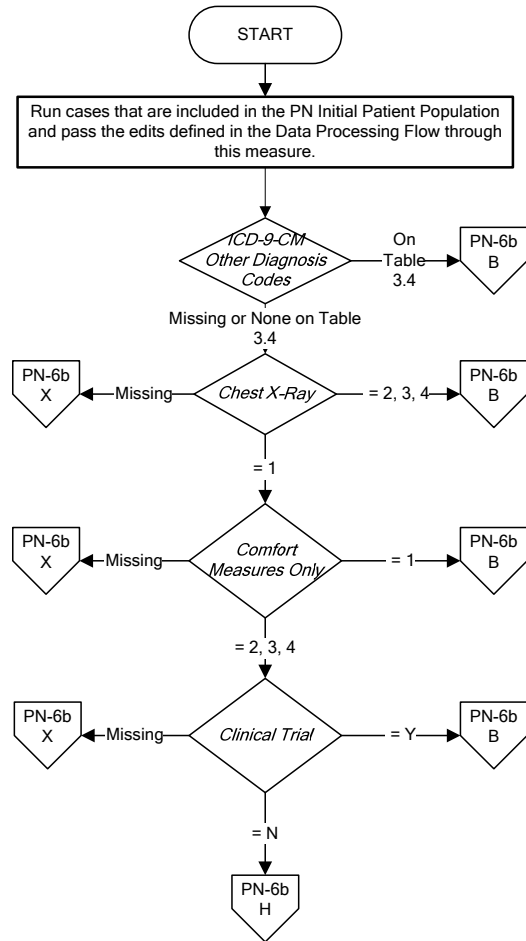
*** For patients with renal insufficiency

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

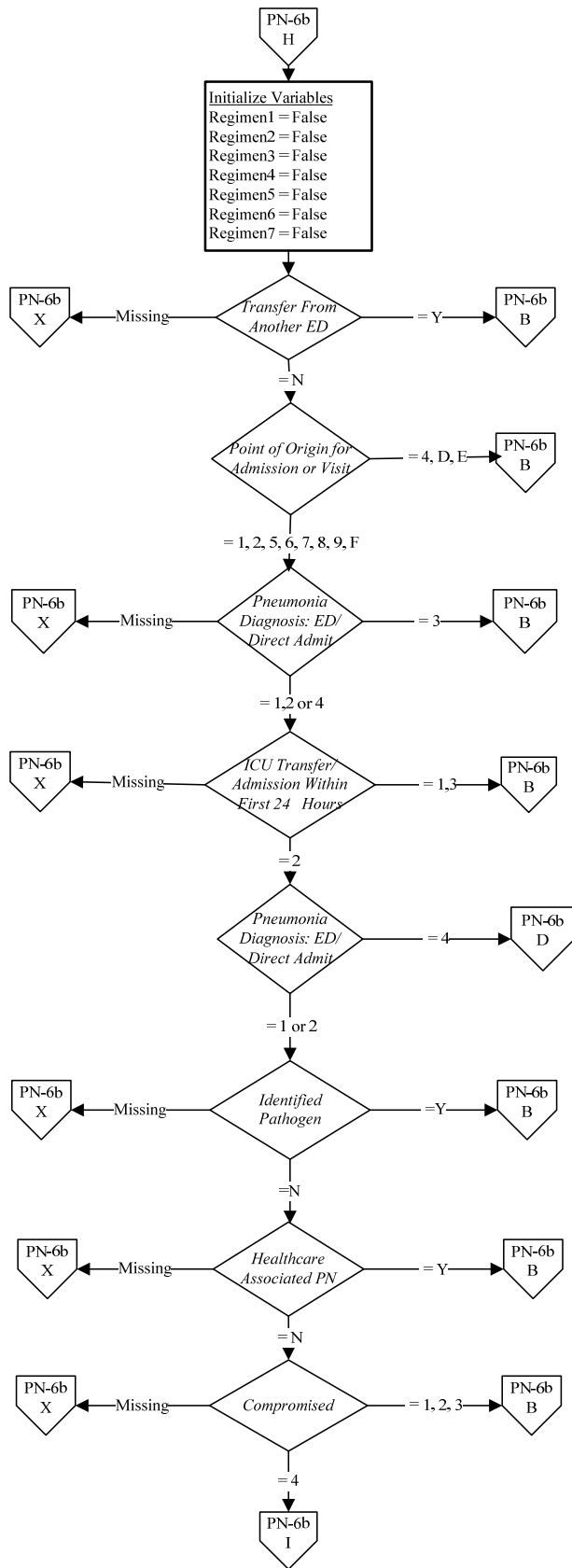
**PN-6b: Initial Antibiotic Selection For Community-Acquired Pneumonia (CAP)
In Immunocompetent Patients - Non Intensive Care Unit Patients**

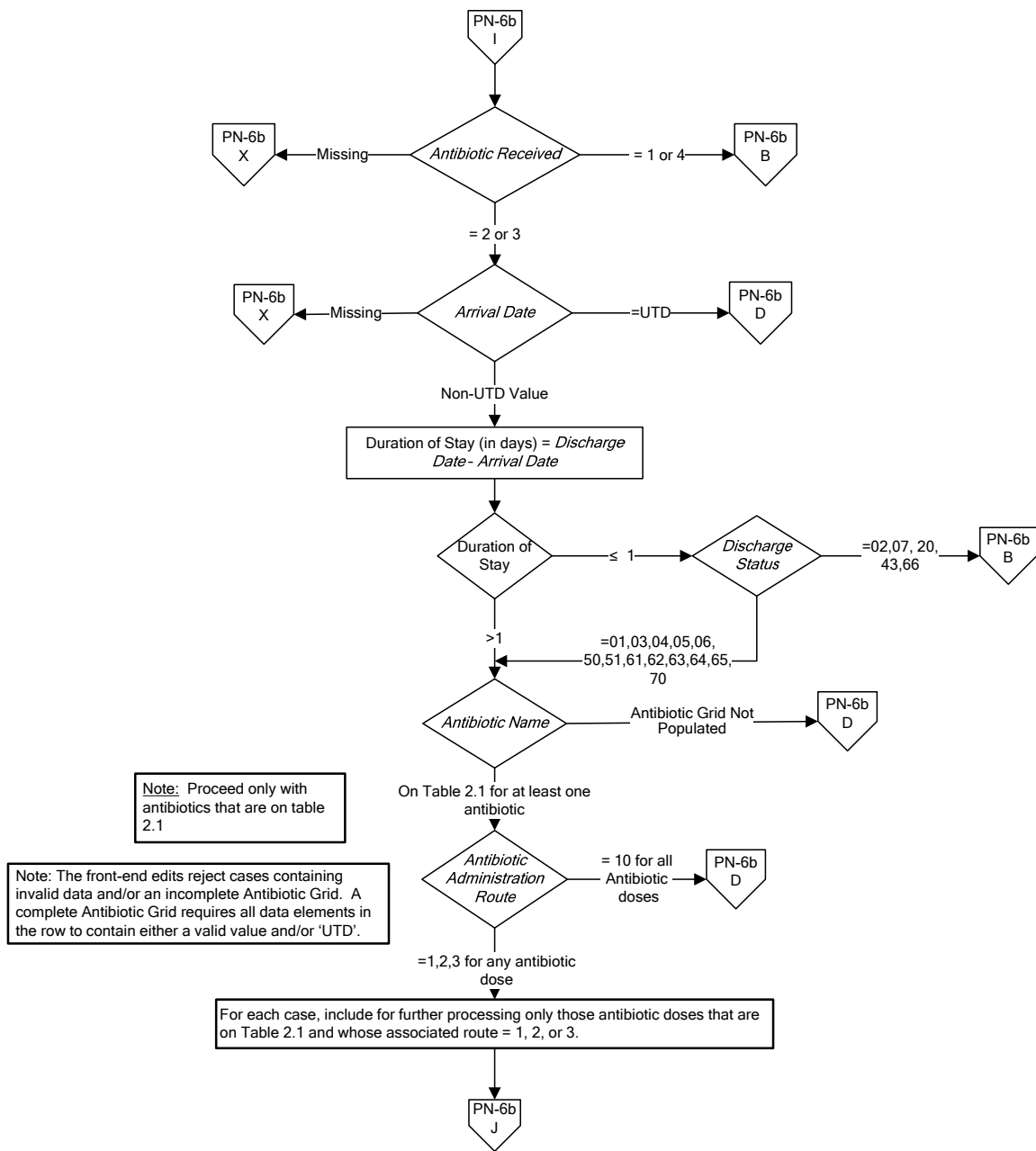
Numerator: Non-ICU pneumonia patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization

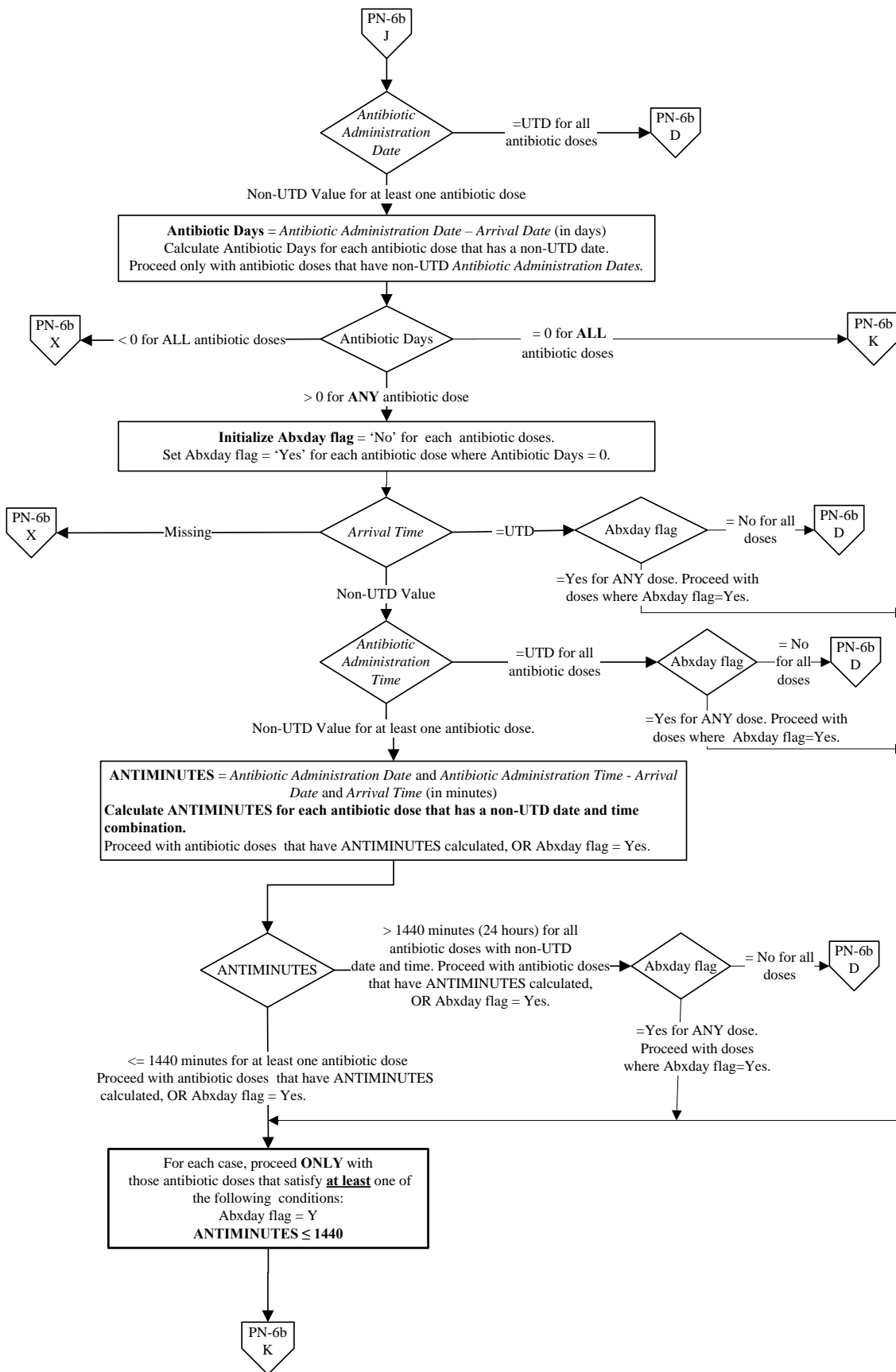
Denominator: Non-ICU pneumonia patients 18 years of age and older.



Variable Key:
 Patient Age
 Duration of Stay
 Antibiotic Days
 Abxday flag
 ANTIMINUTES
 Regimen1
 Regimen2
 Regimen3
 Regimen4
 Regimen5
 Regimen6
 Regimen7







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.

