

Scope and Target Population:

To provide recommendations for the diagnosis and treatment of community-acquired pneumonia in patients 16 years of age and older. This document also provides recommendations for outpatient management and indications for hospitalization, taking into consideration ongoing changes in antibiotic resistance. This guideline excludes patients with HIV infection and pneumonia in immunocompromised patients.

Clinical Highlights and Recommendations:

- All patients suspected of having pneumonia should have a chest x-ray to confirm this diagnosis.
- Use of a clinical prediction rule (a scoring system that determines a Risk Class level based on age, comorbidities, physical and lab findings) is strongly encouraged to help determine whether or not hospitalization is indicated.
- Young and otherwise healthy patients who can be safely treated as outpatients will usually respond to azithromycin. Doxycycline should be used with caution because of increasing resistance to this agent, and reserved for use when other options are not available. Older patients, or those with substantial comorbidities will usually respond well to combinations of a beta lactam agent (such as high dose amoxicillin/ clavulanate) plus a macrolide. Newer generation recommended (so-called "respiratory") fluoroquinolones can be used as first-line agents but should be reserved for use in higher risk or drug intolerant patients in order to slow the emergence of resistance to this class of drugs.

Priority Aims:

1. Improve the assessment of need for hospitalization for patients with community-acquired pneumonia (CAP).
2. Improve the selection of appropriate treatment for patients with pneumonia based on risk factors.
3. Increase the appropriate use of chest x-ray to improve the accuracy of diagnosis of community-acquired pneumonia.