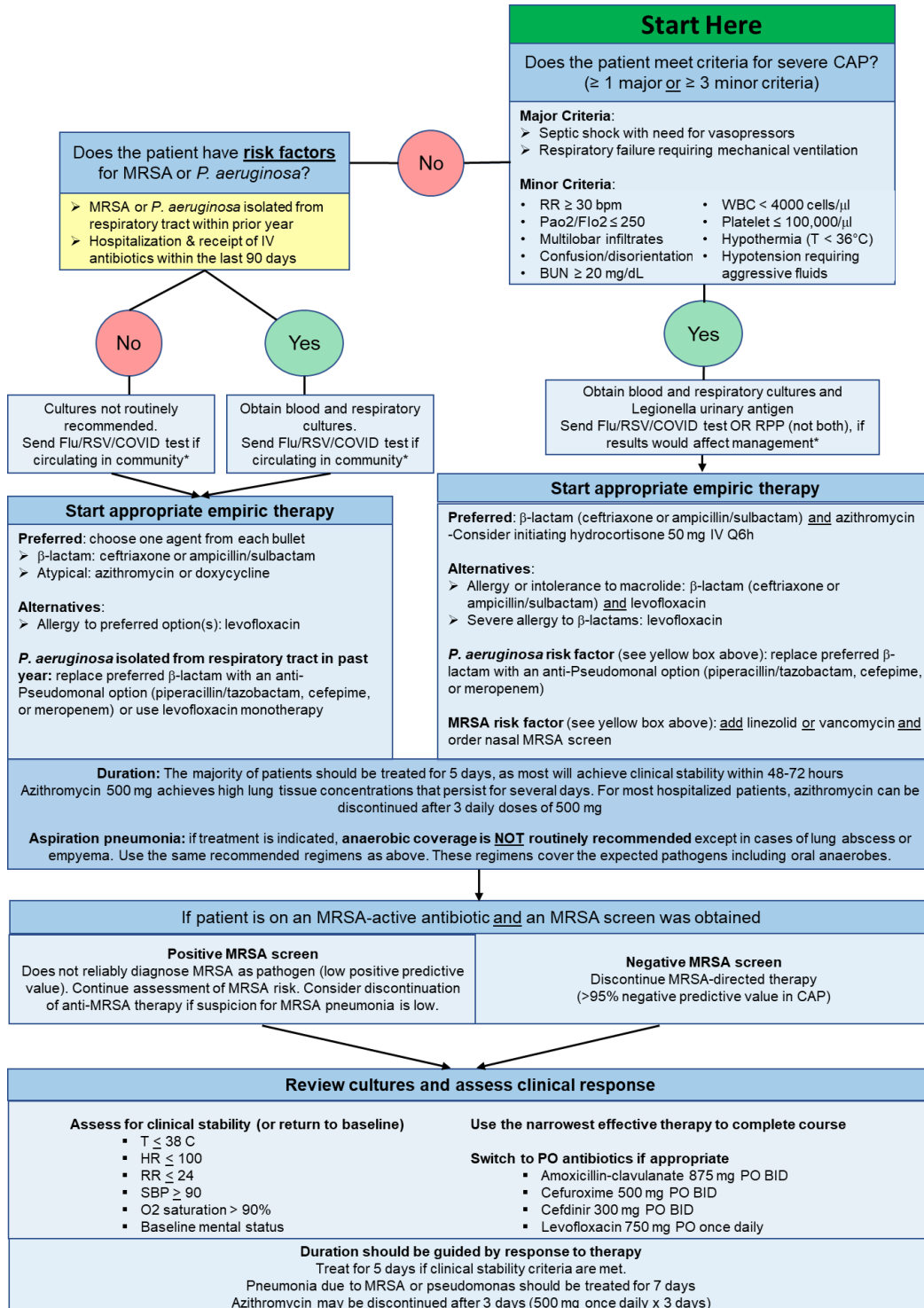


Carolina Antimicrobial Stewardship Program | UNC Hospitals

# Best Practices for Treatment of Community-Acquired Bacterial Pneumonia in Hospitalized Adults

These guidelines provide recommendations for the treatment of CAP in adult hospitalized patients without immunocompromising conditions or cystic fibrosis. Alternative etiologies such as viral or other non-bacterial pneumonia should be considered based on local epidemiology and clinical presentation.



**\*Molecular Testing for Respiratory Pathogens**

McLendon Labs offers two molecular tests for symptomatic inpatients—the [Flu/RSV/COVID test](#) and the [Respiratory Pathogen Panel](#) (RPP). **Please order these tests only in patients with symptoms of a respiratory illness and only if the results will affect clinical management.** Repeat testing should be limited. If Influenza/RSV/COVID PCR test or Respiratory Pathogen Panel is positive for any pathogen, repeat testing is not recommended. If the original test was performed on a non-bronchial specimen, a repeat RPP may be ordered on a subsequent bronchial specimen. Otherwise, the RPP test should not be repeated within 10 days.

**Dosing Recommendations for Empiric CAP Regimens**

Antibiotic	Usual dosing for normal renal function
Amoxicillin	1 g PO three times daily
Amoxicillin-clavulanate	875 mg PO twice daily
Ampicillin/sulbactam	3 g IV every 6 hours
Azithromycin	500 mg IV or PO once daily
Aztreonam	2 g IV every 8 hours
Cefdinir	200 mg PO twice daily
Cefepime	2 g IV every 8 hours
Ceftriaxone	1-2 g IV once daily
Doxycycline	100 mg PO twice daily
Levofloxacin	750 mg PO once daily
Linezolid	600 mg IV or PO twice daily
Meropenem	1 g IV every 8 hours
Piperacillin-tazobactam	4.5 g IV every 6 hours (30-min infusion) or 4.5 g IV every 8 hours (240-min infusion)

UNC CASP clinical resources are available at <https://www.med.unc.edu/casp/clinical-guidelines/>

This document is intended for educational purposes and does not replace the medical decision and diagnosis of a treating provider. Although we have made a good faith effort to provide accurate information as of the date of creation, we make no representation or warranty regarding its accuracy and have no obligation to update the guidelines as new medical information becomes available.

**REFERENCES**

1. Metlay JP, Waterer GW, Long AC, et al. Diagnosis and treatment of adults with community-acquired pneumonia. An official clinical practice guidelines of the American Thoracic Society and Infectious Diseases Society of America. *Am J Respir Crit Care Med.* 2019 Oct 1;200(7):e45-e67.
2. IDSA CAP Clinical Pathway [cap-clinical-pathway-final-online.pdf \(idsociety.org\)](#), accessed April 9, 2024.