

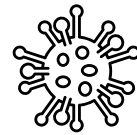
# Community Acquired Pneumonia

## with Dr. Susan Lipsett

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### DIAGNOSIS & PATHOGENS

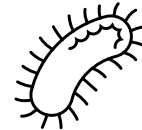
CAP = infection of the lower airway. No standard diagnostic criteria for CAP.



RSV, rhinovirus, influenza, adenovirus, etc.



Low O2 and increased WOB = LR+ for bacterial CAP



S. pneumoniae and M. pneumoniae >> S. aureus, et al.



In outpatient setting largely clinical diagnosis, use shared decision making if considering workup.



Overall very rare

### WORKUP



CXR recommended in all patients hospitalized for CAP. A clear CXR can help rule out CAP.



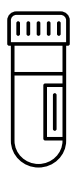
Procalcitonin may be helpful to guide antibiotic discontinuation. Using it to determine antibiotic initiation is more controversial.



Consider incorporating point-of-care ultrasound (POCUS) into your workup algorithms.



Blood cultures are recommended for moderate to severe CAP requiring admission.



WBC count is a nonspecific indicator of inflammation. Consider as part of broader workup, but by itself is not very helpful.



Viral pathogen PCR testing may decrease the workup for bacterial causes.

### TREATMENT



#### Common regimens

1st line = High-dose amoxicillin

M. pneumoniae = Add azithromycin

PCN allergy = Ceftriaxone, clindamycin, or levofloxacin



#### Common IV → PO



Ampicillin → Amoxicillin

Vancomycin → Clindamycin or TMP/SMX

Ceftriaxone → Amoxicillin\*

⚠ Treatment failure = no improvement and/or worsening of symptoms after 48-72 hours.

⚠ \*You lose some S. pneumo coverage transitioning from an IV to oral cephalosporin.

### COMPLICATIONS

Parapneumonic effusion = any pleural effusion secondary to pneumonia or lung abscess.

Uncomplicated: free-flowing and sterile. Complicated: microorganisms in the pleural space and/or loculated.

Size	Definition	Treatment
Small	Opacifies <1/4 hemithorax	Antibiotics Drainage not usually necessary
Moderate	>1/4 but <1/2 hemithorax	Broad spectrum antibiotics +/- drainage (chest tube vs VATS)
Large	>1/2 hemithorax	Broad spectrum antibiotics + drainage (chest tube vs VATS)