

# Community Acquired Pneumonia



This antimicrobial treatment table accompanies the [Community Acquired Pneumonia Bottom Line Recommendations](#), a short summary of the latest knowledge related to the diagnosis and management of community acquired pneumonia.

## Antimicrobial Treatment

- Most cases of CAP in preschool children well enough to be managed as outpatients are viral in origin. In such cases, **mild CAP should be treated with supportive care and does not necessarily require antibiotics.**<sup>7</sup>
- When antibiotics are prescribed for CAP, the following are recommended:

| Clinical Scenario   | Antibiotic  | Notes  |
|---|---|--|
| Outpatient  | Amoxicillin 45 mg/kg/day PO divided TID <b>-OR-</b> 90 mg/kg/day PO divided TID or BID (MAX 3 – 4 g/day)*   | Amoxicillin is first-line treatment for CAP. Treat for 5 days. <sup>10,11</sup>  |
| Outpatient with known penicillin allergy (rare in children)   | Cefuroxime 30 mg/kg/day PO divided BID (MAX 1 g/day) <b>-OR-</b> Cefprozil 30 mg/kg/day PO divided BID (MAX 1 g/day) <b>-OR-</b> <b>If prior life-threatening allergy:</b> Choose an alternative agent based on local antibiogram, such as: clarithromycin, azithromycin or levofloxacin. | Verify if allergy is consistent with anaphylaxis (e.g., difficulty breathing, hypotension) or a severe cutaneous reaction (e.g., Stevens Johnson syndrome). Patients with “penicillin allergy” but at low risk for IgE-mediated reaction (e.g., prior non-severe rash or gastrointestinal side effects) should receive an oral challenge with amoxicillin. Pneumococcal resistance to macrolides (e.g., clarithromycin) is increasing. Treat for 5 days. |
| Hospitalized  | Ampicillin 200 mg/kg/day IV divided q6h (MAX 8 g/day)   | IV ampicillin is first-line if unable to tolerate amoxicillin/need hospitalization.  |
| Hospitalized with known penicillin allergy (rare in children) | Cefuroxime 150 mg/kg/day IV divided q8h (MAX 6 g/day) <b>-OR-</b> Ceftriaxone 75 mg/kg/day divided q24h. (MAX 2 g/day) <b>-OR-</b> <b>If prior life-threatening allergy:</b> Choose an alternative agent based on local antibiogram, such as azithromycin, levofloxacin, or vancomycin.   | Verify if allergy is consistent with anaphylaxis (e.g., difficulty breathing, hypotension) or a severe cutaneous reaction (e.g., Stevens Johnson syndrome). Pneumococcal resistance to macrolides (e.g., azithromycin) is increasing.  |

\*Use higher range of dosing divided TID in regions with higher rates of pneumococcal resistance to beta-lactams.

**Scan or click the QR code to learn more and to see a full list of references and development team members**

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