

COMMUNITY - ACQUIRED PNEUMONIA (CAP)

strep pneumoniae

HEALTHY OUTPATIENT ADULTS NO COMORBIDITIES:

Amoxicillin 1 g TID - BEST EVIDENCE

Penicillin ALRG:

Doxycycline 100 mg BID

Clarithromycin 500 mg BID

Azithromycin 500 mg x1 then 250 mg QD

OUTPATIENT ADULTS W COMORBIDITIES:

Augmentin & Macrolide (azithromycin; clarithromycin)

OR Doxycycline

Pneumonia Prevention: Vaccinate

Pneumococcal - 65y ↑ ; 19-64y + comorbidities

General rule: you want to give the abx for at least 48h after you have achieved symptom resolution. So minimum CAP TX is 5d if symptoms mod-severe 7 days!

DIFFERENTIAL DX: COUGH

CLUES TO DX

"chest tightness"	asthma, cardiac ischemia
"suffocating"	pulmonary edema
"increase work to breath"	COPD, asthma myopathy
"air hungry"	HF, PE, asthma, COPD
"winded" OR "breathing heavy"	deconditioning

COPD Prescribing "ABE"

Group A LAMA or LABA + SABA prn Tiotropium qd + Albuterol prn Formoterol qd + Albuterol prn

Group B LAMA &/or LABA + SABA prn

Group A & B do not have to be hospitalized

COPD

Differential DX

Chronic Bronchitis	NML spirometry
Asthma	
Bronchiectasis	CT bronchial wall thickening
Heart Failure	Dilated heart on CXR
PE	
Tuberculosis	

I will confirm COPD w Spirometry

FEV1/FVC post-bronchodilation less than 0.7 confirms COPD



By [Lindsaymc8](#)

cheatography.com/lindsaymc8/

Not published yet.

Last updated 23rd February, 2024.

Page 2 of 2.

Sponsored by CrosswordCheats.com

Learn to solve cryptic crosswords!

<http://crosswordcheats.com>

