

### 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/](https://cheatography.com/lindsaymc8/)

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