

Assessment of Appropriateness of Antibiotics for Community-Acquired Pneumonia (CAP)

Definition

- | | | |
|--|-----|----|
| 1. Was the patient hospitalized in an acute care hospital for ≥ 2 days within 90 days of the diagnosis of pneumonia? | Yes | No |
| 2. Did the patient reside in a nursing home or long-term care facility at the time of diagnosis? | Yes | No |
| 3. Did the patient receive intravenous antibiotic therapy, intravenous chemotherapy, wound care or attend a hemodialysis clinic within 30 days of diagnosis? | Yes | No |
| 4. Did the patient have a documented pulmonary infiltrate on chest radiograph or other chest imaging? | Yes | No |

(IF YOU ANSWERED YES TO QUESTION 1, 2, OR 3, OR NO TO QUESTION 4, THE PATIENT DOES NOT MEET CRITERIA FOR COMMUNITY-ACQUIRED PNEUMONIA AND SHOULD BE EXCLUDED)

Diagnostics

- | | | |
|--|-----|----|
| 5. Was the patient admitted to an ICU due to complications of CAP? (If No please skip to question 6) | Yes | No |
| A. If Yes , were blood cultures sent? | Yes | No |
| B. If Yes , was a sputum and/or endotracheal aspirate sent for Gram stain and culture? | Yes | No |
| C. If Yes , were cultures sent before antibiotics were administered? | Yes | No |
| D. If Yes , were urinary antigen tests sent for <i>Legionella pneumophila</i> and <i>Streptococcus pneumoniae</i> ? | Yes | No |

Therapeutics

- | | | |
|--|-----|----|
| 6. Were initial antibiotics consistent with institutional/national guidelines? | Yes | No |
|--|-----|----|

72 hour Reassessment

- | | | |
|--|-------|------|
| 7. Was an organism isolated by culture within 72 hours of the first dose of antibiotics? | Yes | No |
| 8. If an organism was isolated by culture, was it susceptible to the prescribed antibiotic?
(PRINT ANTIBIOTIC SUSCEPTIBILITY REPORT) | Yes | No |
| 9. Were antibiotics changed after culture results were available?
If YES , please document antibiotic change: _____ | Yes | No |
| 10. Was the patient initially prescribed an intravenous (IV) antibiotic with good oral bioavailability (See Appendix A)? | Yes | No |
| A. If YES , was the antibiotic changed to an oral formulation (PO), or was the patient started on a different oral antibiotic within 24 hours of being eligible for oral medications? (See Appendix B for criteria) | Yes | No |
| 11. Total planned duration of antibiotics? | _____ | Days |

Assessment of Appropriateness of Antibiotics for Community-Acquired Pneumonia (CAP)

Appendix A:

Amoxicillin

Amoxicillin/Clavulanate

Azithromycin

Cefpodoxime

Ciprofloxacin

Clindamycin

Doxycycline

Levofloxacin

Linezolid

Moxifloxacin

Trimethoprim/Sulfamethoxazole

Appendix B:

1. Patients must meet the following criteria:

- A. Receiving oral or gastric tube intake.
- B. Taking other oral medications.

2. Patients are considered inappropriate for IV to PO conversion if any of the following are present:

- A. Mucositis.
- B. Malabsorption syndrome or gastrointestinal motility disorder.
- C. Severe nausea, vomiting or diarrhea.
- D. Continuous nasogastric suctioning.
- E. Continuous enteral feeds are contraindicated with oral ciprofloxacin, levofloxacin or moxifloxacin.