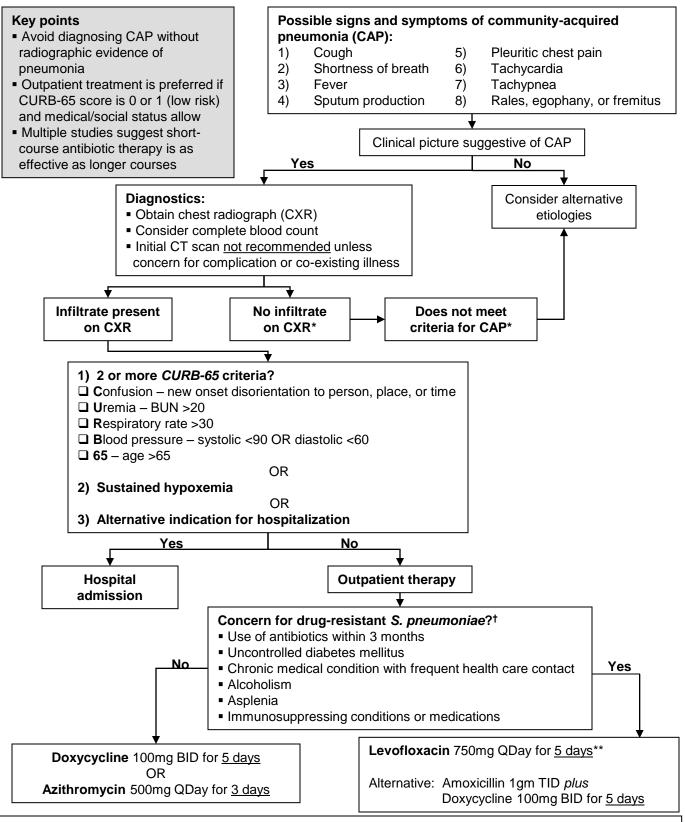
<u>Community-Acquired Pneumonia</u> in Non-Pregnant Adults



<u>Disclaimer:</u> This is intended only as a guide for evidence-based decision-making; it is not intended to replace clinical judgment. Assess for antibiotic allergies and use alternative agents as appropriate. Suggested antibiotic doses are for normal renal function; adjust for renal impairment when necessary.

<u>Reference:</u> Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults. *Clin Infect Dis* 2007; 44:S27-72

^{*}CXR may be negative early in the course of pneumonia; consider a repeat CXR in 24 hours if suspicion for CAP remains high

^{**}Avoid use of fluoroquinolones if risk factors for M. tuberculosis present (born outside United States), as may lead to delay in TB diagnosis

[†]Conditions associated with drug-resistant Streptococcus pneumoniae warrant expanded coverage