Key points
- Avoid diagnosing CAP without radiographic evidence of pneumonia
- Outpatient treatment is preferred if CURB-65 score is 0 or 1 (low risk) and medical/social status allow
- Multiple studies suggest short-course antibiotic therapy is as effective as longer courses

Possible signs and symptoms of community-acquired pneumonia (CAP):
1) Cough      5) Pleuritic chest pain
2) Shortness of breath 6) Tachycardia
3) Fever      7) Tachypnea
4) Sputum production 8) Rales, egophany, or fremitus

Clinical picture suggestive of CAP

Diagnostics:
- Obtain chest radiograph (CXR)
- Consider complete blood count
- Initial CT scan not recommended unless concern for complication or co-existing illness

Infiltrate present on CXR
Yes
Infiltrate present on CXR
No

No infiltrate on CXR*  Does not meet criteria for CAP*
Consider alternative etiologies

1) 2 or more CURB-65 criteria?
- Confusion – new onset disorientation to person, place, or time
- Uremia – BUN >20
- Respiratory rate >30
- Blood pressure – systolic <90 OR diastolic <60
- 65 – age >65

2) Sustained hypoxemia

3) Alternative indication for hospitalization

Hospital admission

Outpatient therapy

Concern for drug-resistant S. pneumoniae?†
- Use of antibiotics within 3 months
- Uncontrolled diabetes mellitus
- Chronic medical condition with frequent health care contact
- Alcoholism
- Asplenia
- Immunosuppressing conditions or medications

No

Yes

Doxycline 100mg BID for 5 days
OR
Azithromycin 500mg QDay for 3 days

Levofloxacin 750mg QDay for 5 days**

Alternative: Amoxicillin 1gm TID plus
    Doxycycline 100mg BID for 5 days

Disclaimer: 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.

*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