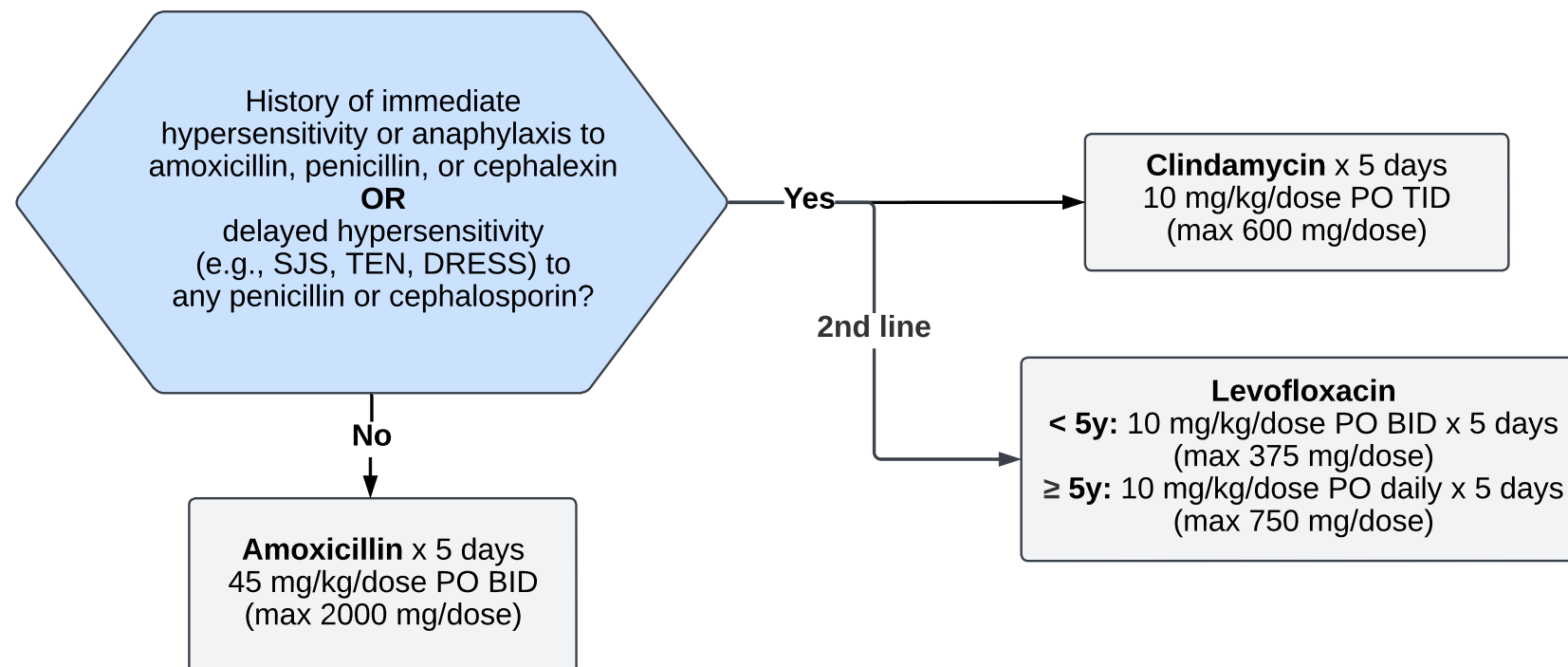




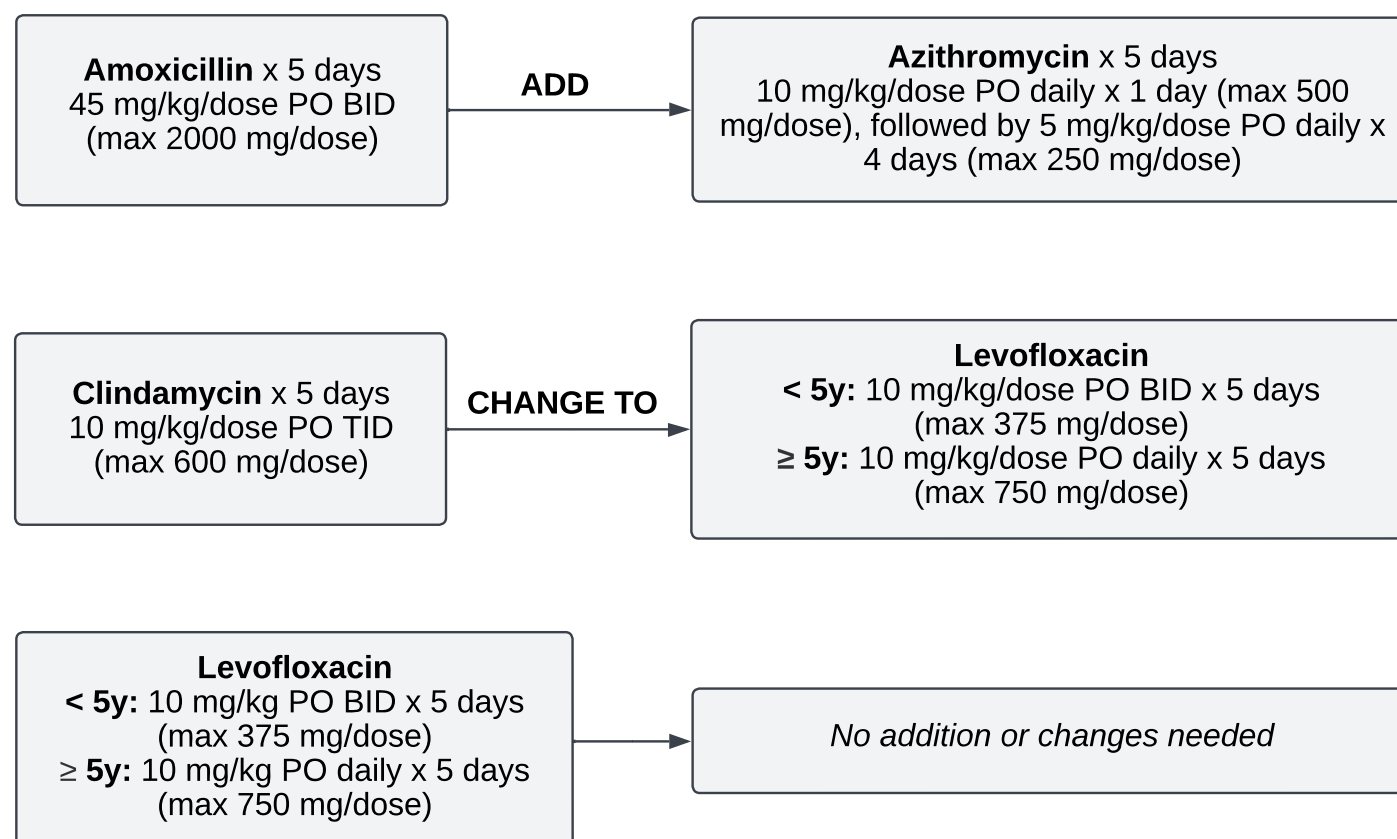
Community-Acquired Pneumonia



Exclusion Criteria

- Aspiration pneumonia
- Hospital-acquired pneumonia
- Radiographic evidence of complicated pneumonia
- Host risk factors:
 - Immunodeficiency or immunocompromise
 - Known lung disease other than asthma (e.g., cystic fibrosis, chronic lung disease, structural anomalies)
 - Neuromuscular disease
 - Preexisting tracheostomy or mechanical ventilation dependence
 - Sickle cell disease
 - Acquired or unrepaired/palliated congenital heart disease

If concerned for atypical pneumonia



If the clinical picture is difficult to distinguish between atypical and typical bacterial pneumonia:

- **ADD** azithromycin x 5 days to the community-acquired pneumonia therapy (except levofloxacin)
OR use levofloxacin as a single agent

If signs/symptoms are suggestive of atypical pneumonia alone:

- Consider azithromycin **monotherapy**

Most children with community-acquired pneumonia due to *Mycoplasma pneumoniae* experience a mild, self-limited illness, and supporting evidence for antibiotic treatment is limited.

Allergy Guidance

- Amoxicillin is the recommended first-line agent for community-acquired pneumonia.
- Although 10% of the population reports a penicillin allergy, < 1% of the population is truly allergic. Correctly identifying if your patient is actually penicillin-allergic can reduce unnecessary use of broad-spectrum antibiotics.
- For patients with a history of immediate hypersensitivity, including anaphylaxis, to amoxicillin, penicillin, or cephalexin, or delayed hypersensitivity reaction (e.g., SJS, TEN, DRESS) to penicillins or cephalosporins, use clindamycin or levofloxacin.

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2. Ambroggio L, Test M, Metlay JP, et al. Comparative Effectiveness of Beta-lactam Versus Macrolide Monotherapy in Children with Pneumonia Diagnosed in the Outpatient Setting. *Pediatr Infect Dis J*. 2015;34(8):839-842. doi:10.1097/INF.0000000000000740
3. Williams DJ, Edwards KM, Self WH, et al. Effectiveness of β -Lactam Monotherapy vs Macrolide Combination Therapy for Children Hospitalized With Pneumonia. *JAMA Pediatr*. 2017;171(12):1184-1191. doi:10.1001/jamapediatrics.2017.3225
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