

Guidelines for Treatment of Community-acquired pneumonia (CAP) in pediatric patients (0-18 y)

Setting	Specific circumstances	Recommended therapy	Duration
Outpatient/ ED	First line treatment	<u>Amoxicillin</u> 30mg/kg/dose TID (Max: 4g/day)	5 days
	Could consider if: 1) Recent treatment with amoxicillin 2) Immunizations not up to date	<u>Amoxicillin-clavulanate</u> 30mg/kg/dose TID (amox component) (Max: 4g/day)	5 days
	Suspect atypical organisms (i.e. <u>Mycoplasma</u>)	<u>Azithromycin</u> 10mg/kg/dose x 1 on day 1 (Max: 500mg), 5mg/kg/dose q24h days 2-5 (Max 250mg)	5 days
	Penicillin allergy (anaphylaxis suspected)	<u>Doxycycline</u> 2mg/kg/dose BID if age >7 years (Max: 100mg/dose) OR <u>Levofloxacin</u> 8-10mg/kg/dose BID age 6mo-<5 yrs; 8-10mg/kg/dose QD if ≥5 years (Max 750mg/dose) OR <u>Clindamycin</u> 10-13 mg/kg/dose TID (Max 600mg/dose)	5 days
	Non-serious penicillin allergy (anaphylaxis unlikely)	<u>Cefpodoxime</u> 4mg/kg/dose BID (Max:400mg/dose)	5 days
Inpatient	First line therapy	<u>Ampicillin</u> 50mg/kg/dose IV q6h (Max:1000g/dose)	5-7 days -Step down to amox when ready for d/c (see above)
	1) Immunizations not up to date 2) non-serious penicillin (PCN) allergy (anaphylaxis unlikely) 3) severe or progressive pneumonia	<u>Ceftriaxone</u> 75mg/kg/dose IV q24h (Max:2000g/dose)	5-7 days -Step down to amox-clavulanate – see dosing above. If concern for PCN allergy, please see other options above.

	Suspect atypicals	<u>Add: Azithromycin</u> 10mg/kg/dose IV/PO x 1 on day 1 (Max: 500mg), 5mg/kg/dose IV/PO on days 2-5 (Max 250mg)	5 days
	Penicillin allergy (anaphylaxis suspected)	<u>Doxycycline</u> 2mg/kg/dose PO/IV q12h if age >7 years (Max: 100mg/dose) <u>OR</u> <u>Levofloxacin</u> 8-10mg/kg/dose PO/IV q12h age 6mo - <5 yrs; 8-10mg/kg/dose PO/IV q24h if ≥5 yrs (Max: 750mg/day) <u>OR</u> Clindamycin 10mg/kg/dose IV q6h (Max 600mg/dose)	5-7 days
	1) Influenza and PICU admission 2) known MRSA colonization 3) severe or progressive pneumonia	Consider adding: <u>Vancomycin</u> 10-15mg/kg/dose IV q6h <u>OR</u> <u>Clindamycin</u> 10mg/kg/dose IV q6h (Max 600mg/dose) <u>OR</u> <u>Linezolid</u> 10mg/kg/dose q8h if age <12y or q12h if age ≥12y (Max 600mg/dose)	Consider discontinuation after 48-72 hours based on pt's clinical course and MRSA nares swab result
	Necrotizing pneumonia or empyema	Please see empyema guideline or consult pediatric infectious disease	Typically 2-4 weeks

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