Pneumonia in Long Term Care (LTC)

Refer to full ASP Handbook chapter on CAP for further details on microbiology, diagnosis, and duration of therapy.

EMPIRIC TREATMENT

CRB-65 Score	*One point for each of:* **C**onfusion (new disorientation in person, place, or time) **R**espiratory rate ≥ 30 breaths/minute **B**lood pressure (systolic <90 mmHg or diastolic ≤60 mmHg) Age ≥**65** years Note: CRB-65 is a tool to support, not supplant, clinician judgment.		
Risk Stratification			**Duration (days)**
Low Severity CRB-65 = 0 *Consider outpatient treatment*	**amoxicillin** 1000 mg PO BID *If severe penicillin allergy:* **MOXIfloxacin** 400 mg PO daily Addition of atypical coverage is not routinely recommended for non-severe CAP		**5**
Moderate Severity CRB-65 = 1-2 *Consider medical ward admission*	**amoxicillin-clavulanate** 500-125 mg one tab PO TID *If Legionella suspected:* ADD **azithromycin** 500 mg PO q24h x 3 days (caution if prolonged QTc) *If severe penicillin allergy:* **MOXIfloxacin** 400 mg PO daily (addition of azithromycin not necessary)		**5**
High Severity CRB-65 ≥ 3 ***OR*** respiratory failure	Review resident's goals of care and consider palliative approach to care measures or referral to Emergency Department. Treatment options available in Long Term Care are limited.		
	amoxicillin-clavulanate 500-125 mg one tab PO TID PLUS **azithromycin** 500 mg PO q24h x 3 days *If severe penicillin allergy:* **MOXIfloxacin** 400 mg PO daily		**5**
	Potential MRSA • Necrotizing pneumonia • Recent influenza • Injection drug use • Known MRSA colonization	ADD EITHER **cotrimoxazole** DS 2 tablets PO BID OR **doxycycline** 100 mg PO BID	**5**

Doses may require adjustment for renal insufficiency