

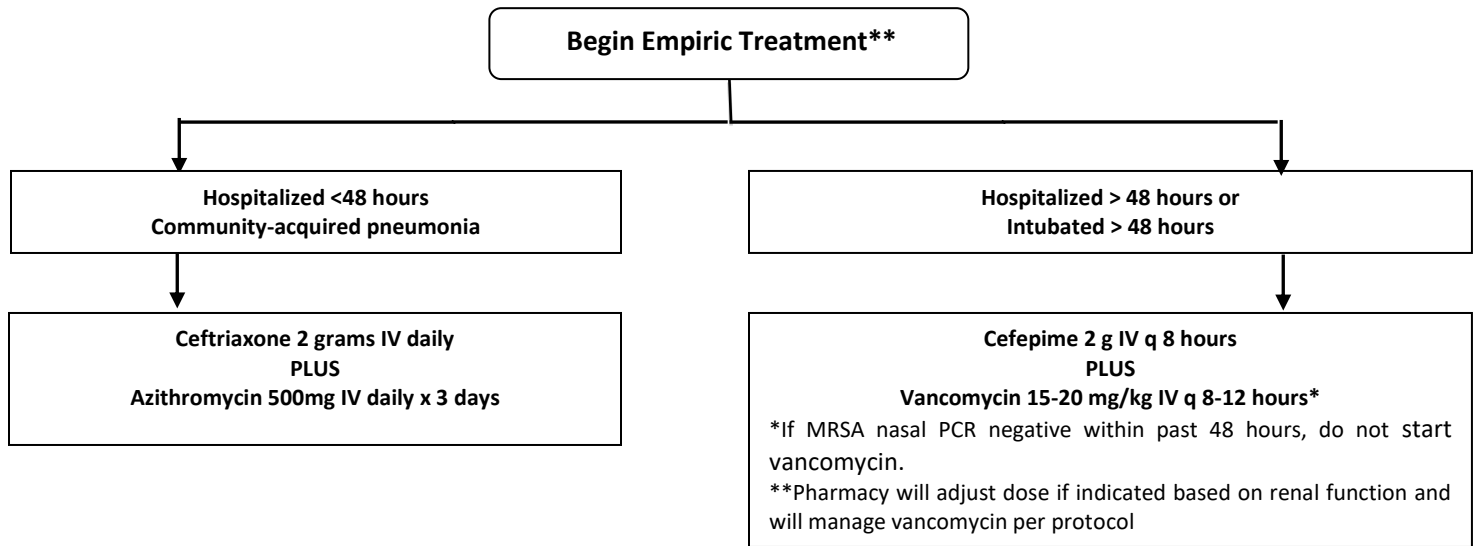
# Trauma Center Practice Management Guideline

*Iowa Methodist Medical Center — Des Moines*

## *Pneumonia Clinical Pathway for Trauma Patients IMMC/ILH Adult Critical Care Areas*

<b>ADULT Practice Management Guideline</b>	<b>Effective: 06/2014</b>
<b>Contact: Trauma Center Medical Director</b>	<b>Last Revised: 04/2023</b>

- Steps to follow before starting antibiotics:**
- Chest X-ray (normal CXR excludes VAP)
  - Blood cultures x 2 from separate sites
  - If MRSA nasal PCR obtained >48 hours prior to onset of symptoms, collect a new PCR nasal.
  - Lower respiratory tract sampling for culture by bronchoalveolar lavage (BAL)



- REASSESS** antibiotic therapy and patient clinical response at **48-72 hours**
- **De-escalate** antibiotic therapy based on culture results & clinical response.
  - Recommend **duration of therapy** = 7 days (*Pseudomonas* or *Acinetobacter* infections should be treated for a minimum of 7 days and reassess the need to extend treatment to 10-14 days total.)
  - Refer to the back of this form for further recommendations.
  - If most recent MRSA nasal PCR is negative, consider stopping MRSA coverage (vancomycin).

### **ANTIBIOTIC considerations:**

- Empiric regimens to include a different antibiotic class than the patient has already received.
- **SEVERE PENICILLIN ALLERGIC PATIENTS:** Consider Cefepime or Meropenem or contact the pharmacy for consultation for severe allergy.
- De-escalation to occur in accordance with algorithm below
- Consider combination antibiotic therapy for SPACE bugs (*Serratia*, *Pseudomonas*, *Acinetobacter*, *Citrobacter*, *Enterobacter* species).
  - Combination should include a beta-lactam and either an aminoglycoside or quinolone.
  - Second agent (aminoglycoside or quinolone) can be stopped after 5 days or when susceptibility is known.
- If ESBL (extended-spectrum beta-lactamase) (+) strain, use antibiotic for definitive therapy based on susceptibility testing.
- If *Acinetobacter* species known or suspected, use a fluoroquinolone or piperacillin/tazobactam.
- If *Legionella pneumophila* known or suspected, use a macrolide or quinolone.
- **DURATION OF THERAPY:** Efforts should be made to shorten the duration of therapy to periods as short as 7 days provided that the etiologic pathogen is not *Pseudomonas* and that the patient has a good clinical response with resolution of clinical features of infection.
- *Pseudomonas* or *Acinetobacter* infections should be treated for a minimum of 7 days and reassess the need to extend treatment to 10-14 days total.

**References:**

Kalil AC, et al. Management of adults with Hospital-acquired and Ventilator-associated Pneumonia: 2016 Clinical Practice Guidelines by the Infectious Diseases Society of America and the American Thoracic Society. *Clin Infect Dis*. 2016;63(5):e61-111.

Metlay JP, et al. Diagnosis and treatment of adults with community-acquired pneumonia. An official clinical practice guidelines of the American Thoracic Society and Infectious Diseases Society of America. *American Journal of Respiratory and Critical Care Medicine*. 2019;200(7):e45-67.