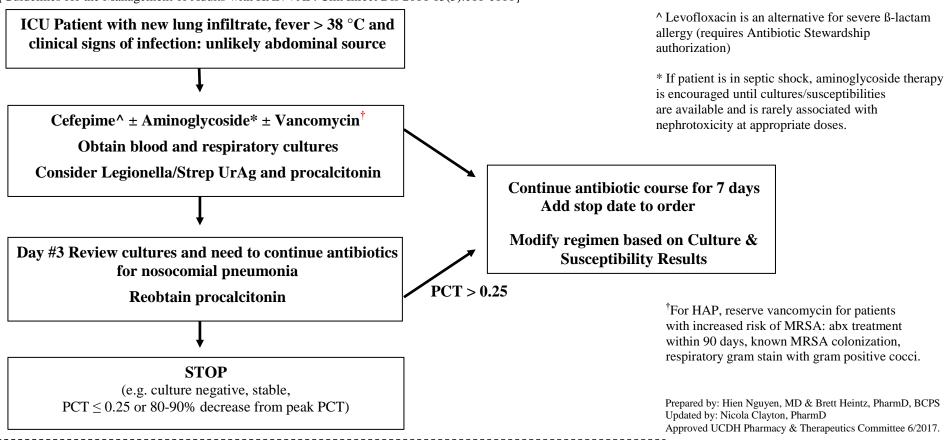
UCDHS - Guidelines for the Treatment of Ventilator Associated & Hospital Acquired Pneumonia in Adult ICU's

{Guidelines for the Management of Adults with HAP/VAP. Clin Infect Dis 2016 63(5):e61-e111}



Empiric Treatment of Hospital Acquired Pneumonia

Early hospital-acquired	Ceftriaxone		
<i>pneumonia</i> (< 5 days and No RFs for MDR $^{\circ}$)			
Late hospital acquired	AP β-lactam [^] ±	Aminoglycoside* ±	Anti-MRSA
	1	Gentamicin Tobramycin Amikacin	Vancomycin

Manifestation (early vs. late)	Common Pathogens
Early hospital-acquired	Streptococcus pneumoniae
Pneumonia (< 5 days):	H .influenzae
Community-acquired organisms:	S. aureus (MSSA > MRSA)
colonizing pt at hospital admission	E. coli, Klebsiella, Proteus, Enterobacter
Late hospital-acquired	As above plus
Pneumonia:	Pseudomonas aeruginosa
(> 5 days, recent antibiotics):	Acinetobacter baumanii
Hospital acquired organisms:	ESBL-producing Klebsiella & E. coli
colonization of more resistant bugs	Staphylococcus aureus (MRSA > MSSA)

Severe β-lactam allergy: Early onset: Levofloxacin[§] Late onset: (Aztreonam or Levofloxacin[§]) ± Aminoglycoside* + (Vancomycin or Linezolid)[§]

Duration of Treatment: Generally treat for 7 days in responding patients

 \Diamond Risk factors for multi-drug resistant pathogens: hospitalization or broad spectrum antibiotics in last 90 days, septic shock at the time of VAP, ARDS or renal replacement therapy prior to VAP

 $\S \textit{Requires Antibiotic Stewardship authorization}$