

## Table 2. IDSA — Year 2000 Guidelines. Empirical Selection of Antimicrobial Agents for Treating Patients with CAP

### OUTPATIENTS

- Generally preferred (not in any particular order): doxycycline, a macrolide, or a fluoroquinolone.
- These agents have activity against the most likely pathogens in this setting, which include *Streptococcus pneumoniae*, *Mycoplasma pneumoniae*, and *Chlamydia pneumoniae*.
- Selection should be influenced by regional antibiotic susceptibility patterns for *S. pneumoniae* and the presence of other risk factors for drug-resistant *S. pneumoniae*.
- Penicillin-resistant pneumococci may be resistant to macrolides and/or doxycycline.
- For older patients or those with underlying disease, a fluoroquinolone may be a preferred choice; some authorities prefer to reserve fluoroquinolones for such patients.

### HOSPITALIZED PATIENTS

- General medical ward
- Generally preferred: an extended spectrum cephalosporin combined with a macrolide or a  $\beta$ -lactam/ $\beta$ -lactamase inhibitor combined with a macrolide or a fluoroquinolone (alone).

### INTENSIVE CARE UNIT

- Generally preferred: an extended spectrum cephalosporin or  $\beta$ -lactam/ $\beta$ -lactamase inhibitor plus either a fluoroquinolone or macrolide.

### ALTERNATIVES OR MODIFYING FACTORS

- Structural lung disease: antipseudomonal agents (piperacillin, piperacillin-tazobactam, imipenem, or cefepime) plus a fluoroquinolone (including high-dose ciprofloxacin)
- $\beta$ -lactam allergy: fluoroquinolone  $\pm$  clindamycin
- Suspected aspiration: fluoroquinolone with or without clindamycin, metronidazole, or a  $\beta$ -lactam/ $\beta$ -lactamase inhibitor

Note:  $\beta$ -lactam/ $\beta$ -lactamase inhibitor: ampicillin-sulbactam or piperacillin-tazobactam. Extended-spectrum cephalosporin: cefotaxime or ceftriaxone. Fluoroquinolone: gatifloxacin, levofloxacin, moxifloxacin, or other fluoroquinolone with enhanced activity against *S. pneumoniae* (for aspiration pneumonia, some fluoroquinolones show in vitro activity against anaerobic pulmonary pathogens, although there are no clinical studies to verify in vivo). Macrolide: azithromycin, clarithromycin, or erythromycin  $\pm$  with or without.