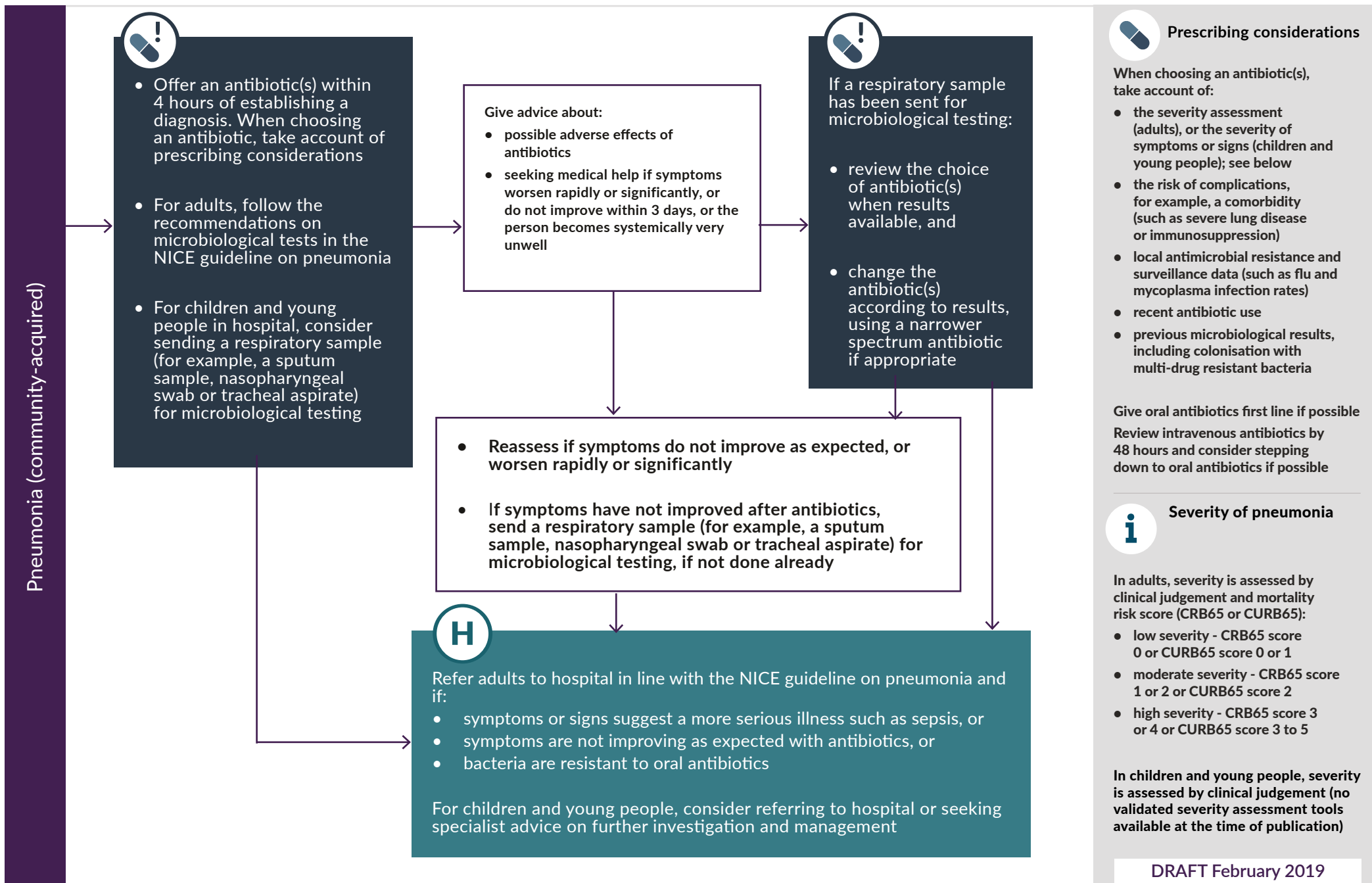


Pneumonia (community-acquired): antimicrobial prescribing



Pneumonia (community-acquired): antimicrobial prescribing

Choice of antibiotic: adults aged 18 years and over

Antibiotic ¹	Dosage and course length ²
First choice antibiotic if low severity (based on clinical judgement and CRB65 score 0 or CURB65 score 0 or 1) ³	
Amoxicillin	500 mg three times a day orally or IV ⁴ for 5 days in total ⁵
Alternative antibiotics if low severity, for penicillin allergy or if amoxicillin unsuitable (for example, atypical pneumonia suspected) ³	
Clarithromycin	500 mg twice a day orally or IV ⁴ for 5 days in total ⁵
Erythromycin (in pregnancy)	500 mg four times a day orally for 5 days ⁵
Doxycycline	200 mg on first day, then 100 mg once a day orally for 5 days ⁵
First choice antibiotics if moderate severity (based on clinical judgement and CRB65 score 1 or 2 or CURB65 score 2); guided by microbiological results when available ³	
Amoxicillin with (if atypical pneumonia suspected):	500 mg three times a day orally or IV ⁴ (higher doses can be used – see BNF) for 5 days in total ⁵
Clarithromycin ⁶ or	500 mg twice a day orally or IV ⁴ for 5 days in total ⁵
Erythromycin ⁶ (in pregnancy)	500 mg four times a day orally for 5 days ⁵
Alternative antibiotics if moderate severity, for penicillin allergy; guided by microbiological results when available ³	
Clarithromycin	500 mg twice a day orally or IV ⁴ for 5 days in total ⁵
Azithromycin	500 mg once a day orally for 3 days ⁵
First choice antibiotics if high severity (based on clinical judgement and CRB65 score 3 or 4 or CURB65 score 3 to 5); guided by microbiological results when available ³	
Co amoxiclav with:	500/125 mg three times a day orally or 1.2 g three times a day IV ⁴ for 5 days in total ⁵
Clarithromycin or	500 mg twice a day orally or IV ⁴ for 5 days in total ⁵
Erythromycin (in pregnancy) ⁵	500 mg four times a day orally for 5 days ⁵
Alternative antibiotics if high severity, for penicillin allergy; guided by microbiological results when available ³	
Levofloxacin	500 mg twice a day orally or IV ⁴ for 5 days in total ⁵
<p>¹ See BNF and MHRA advice for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breast-feeding, and administering intravenous antibiotics</p> <p>² Oral doses are for immediate-release medicines.</p> <p>³ Give oral antibiotics first-line if the person can take oral medicines, and the severity of their condition does not require intravenous antibiotics.</p> <p>⁴ Review intravenous antibiotics by 48 hours and consider stepping down to oral antibiotics if possible</p> <p>⁵ Stop antibiotic treatment after a total of 5 days (3 days with azithromycin) unless the person is not clinically stable (based on clinical judgement, taking account of fever in last 48 hours, BP, heart rate, respiratory rate and oxygen saturations).</p> <p>⁶ Consider adding a macrolide to amoxicillin if atypical pneumonia suspected. Review when microbiological results available and stop the macrolide if atypical bacteria are not isolated.</p> <p>Abbreviations: BP, blood pressure; IV, intravenous; C(U)RB65, confusion, (urea >7 mmol/l), respiratory rate ≥ 30/min, low systolic [<90 mm Hg] or diastolic [≤60 mm Hg] BP, age >65</p>	

Pneumonia (community-acquired): antimicrobial prescribing

Choice of antibiotic: children and young people under 18 years

Antibiotic ¹	Dosage and course length ²
Children under 3 months - Refer to paediatric specialist and treat with intravenous antibiotics in line with the NICE guideline on fever in under 5s	
Children aged 3 months and over - First choice antibiotic if non-severe symptoms or signs (based on clinical judgement) ³	
Amoxicillin	Oral doses: 3 to 11 months, 125 mg three times a day for 5 days ⁴ 1 to 4 years, 250 mg three times a day for 5 days ⁴ 5 to 17 years, 500 mg three times a day for 5 days ⁴ IV dose ⁵ : 3 months to 17 years, 30 mg/kg three times a day (maximum 500 mg per dose)
Children aged 3 months and over - Alternative antibiotics if non-severe symptoms or signs (based on clinical judgement), for penicillin allergy or if amoxicillin unsuitable (for example, atypical pneumonia suspected) ³	
Clarithromycin	Oral doses, 3 months to 11 years: Under 8 kg, 7.5 mg/kg twice a day for 5 days ⁴ 8 to 11 kg, 62.5 mg twice a day for 5 days ⁴ 12 to 19 kg, 125 mg twice a day for 5 days ⁴ 20 to 29 kg, 187.5 mg twice a day for 5 days ⁴ 30 to 40 kg, 250 mg twice a day for 5 days ⁴ IV dose ⁵ , 3 months to 11 years: 7.5 mg/kg twice a day (maximum 500 mg per dose) ⁴ 12 to 17 years: 250 mg to 500 mg twice a day orally or 500 mg twice a day IV ⁵ for 5 days in total ⁴
Erythromycin (in pregnancy)	8 to 17 years, 250 mg to 500 mg orally four times a day for 5 days ⁴
Doxycycline	12 to 17 years, 200 mg on first day, then 100 mg once a day orally for 5 days ⁴
First choice antibiotic(s) if severe symptoms or signs (based on clinical judgement); guided by microbiological results when available ³	
Co amoxiclav	Oral doses: 3 to 11 months, 0.5 ml/kg of 125/31 suspension three times a day for 5 days ⁴ 1 to 5 years, 10 ml of 125/31 suspension three times a day or 0.5 ml/kg of 125/31 suspension three times a day for 5 days ⁴ 6 to 11 years, 10 ml of 250/62 suspension three times a day or 0.3 ml/kg of 250/62 suspension three times a day for 5 days ⁴ 12 to 17 years, 500/125 mg three times a day for 5 days ⁴ IV dose ⁵ : 3 months to 17 years, 30 mg/kg three times a day (maximum 1.2 g per dose three times a day) ⁴
with (if atypical pneumonia suspected):	
Clarithromycin or	See oral and IV doses above; for 5 days in total ⁵
Erythromycin (in pregnancy)	See oral doses above; for 5 days in total ⁵
Alternative antibiotics if severe symptoms or signs (based on clinical judgement), for penicillin allergy; guided by microbiological results when available ³ - consult local microbiologist	

¹See BNF for children and MHRA advice for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breast-feeding, and administering intravenous antibiotics.

²Oral doses are for immediate-release medicines. The age bands apply to children of average size and, in practice, the prescriber will use the age bands in conjunction with other factors such as the severity of the condition being treated and the child's size in relation to the average size of children of the same age.

³Give oral antibiotics first-line if the person can take oral medicines, and the severity of their condition does not require intravenous antibiotics.

⁴Stop antibiotic treatment after a total of 5 days unless the person is not clinically stable.

⁵Review intravenous antibiotics by 48 hours and consider stepping down to oral antibiotics if possible.