

Pneumonia

Diagnosis and management of community- and hospital-acquired pneumonia in adults

Clinical guideline 191

Appendix I

3 December 2014

Final version

*Commissioned by the National Institute for
Health and Care Excellence*

Disclaimer

Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and/or their guardian or carer.

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Funding

National Institute for Health and Care Excellence

Contents

1	Community-acquired pneumonia	6
1.1	Diagnostic tests	6
1.1.1	Receiver operating characteristic curves	9
1.2	Severity assessment	11
1.2.1	PSI compared with CURB65, CRB65 or CURB	11
1.2.2	PSI, CURB65 compared with modified American Thoracic Society 2001 criteria (mATS)	16
1.2.3	PSI, CURB65 compared with IDSA/ATS	18
1.3	Microbiological tests	19
1.4	Antibiotic therapy	24
1.4.1	Timing of antibiotic therapy	24
1.4.2	In adults with community-acquired pneumonia what is the most clinically- and cost-effective empirical antibiotic choice?	27
1.4.3	Low-severity community-acquired pneumonia	27
1.4.4	Low-severity community-acquired pneumonia managed in hospital	34
1.4.5	Moderate- to high-severity community-acquired pneumonia	39
1.4.6	Duration of antibiotic therapy	48
1.5	Glucocorticosteroid treatment	52
1.6	Gas exchange	54
1.6.1	CPAP compared with usual care	54
1.7	Monitoring	57
1.7.1	PCT to guide antibiotic administration and monitoring decisions compared with standard care (randomised data)	57
1.7.2	PCT to guide antibiotic administration and monitoring decisions compared with standard care for the subgroup of patients with community-acquired pneumonia who received antibiotic therapy (unpublished data)	57
1.7.3	CRP or PCT to guide monitoring decisions (non-randomised data)	59
1.8	Safe discharge	63
1.8.1	Clinical outcomes of patients who reached clinical stability according to ATS 2001 and ATS/IDSA 2007 criteria of clinical stability or number of instabilities....	63
1.9	Patient information	64
2	HAP	65
2.1	Diagnostic tests	65
2.2	Severity assessment	65
2.3	Microbiological tests	65
2.4	Antibiotic therapy	65
2.4.1	Single- compared with other single-antibiotic therapy	65
2.4.2	Single- compared with dual-antibiotic therapy	67

2.4.3	Dual- compared with other dual-antibiotic therapy.....	69
2.4.4	Duration of antibiotic therapy.....	69
2.4.5	Timing of antibiotic therapy.....	69
2.5	Glucocorticosteroid treatment.....	70
2.6	Gas exchange.....	70
2.7	Monitoring.....	70
2.8	Safe discharge.....	70
2.9	Patient information.....	70

1 Community-acquired pneumonia

1.1 Diagnostic tests

1.1.1.1 CRP compared with standard care

Figure 1: Antibiotic treatment

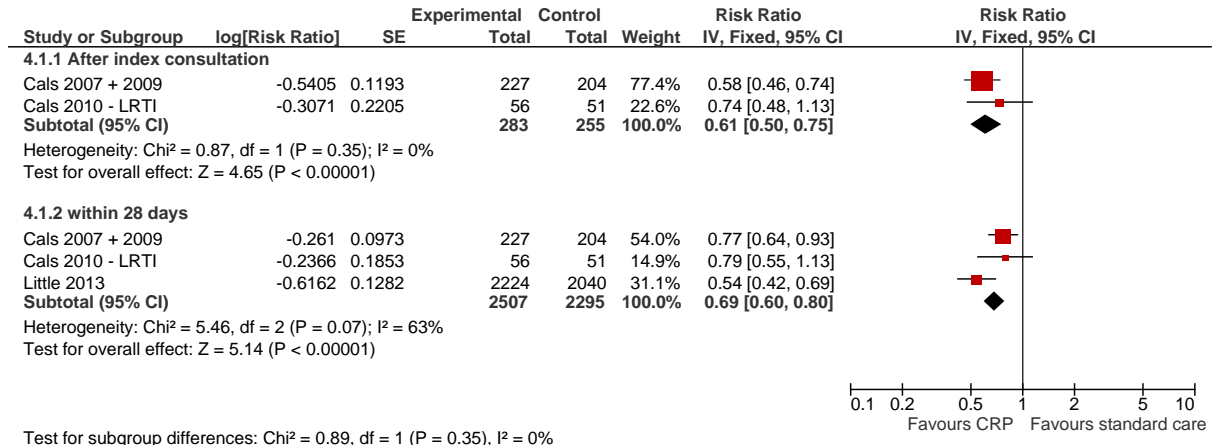


Figure 2: Mortality

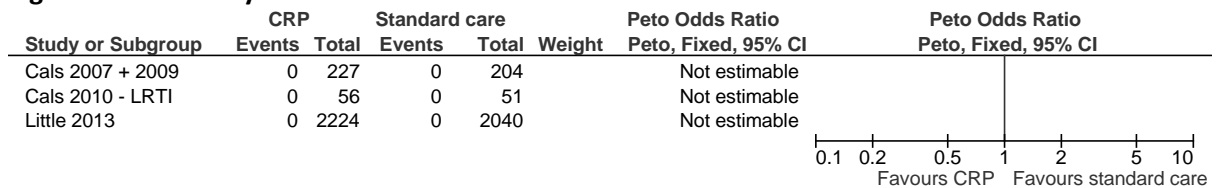


Figure 3: Hospital admission

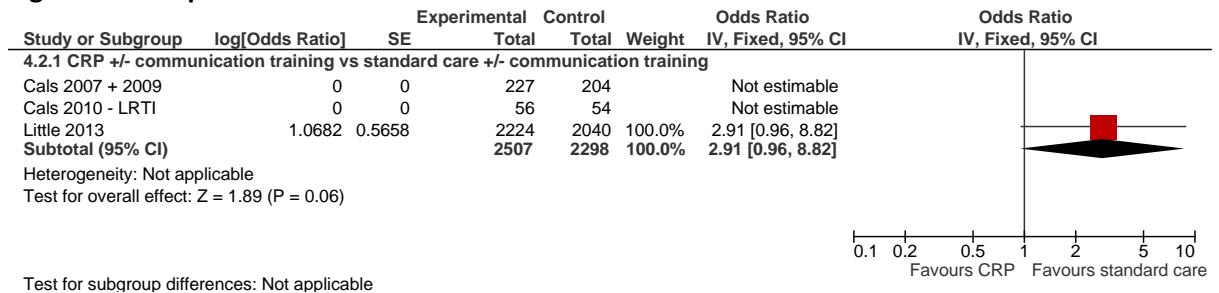


Figure 4: Resolution of symptoms

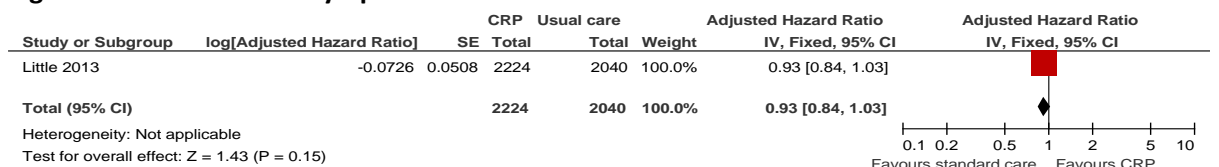


Figure 5: Resolution of symptoms (Feeling recovered as a surrogate at 7 days)

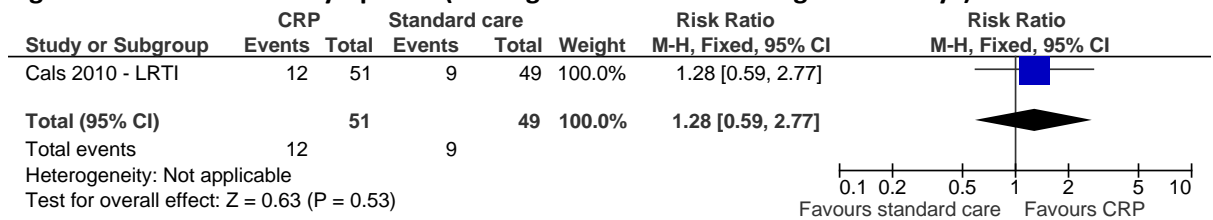


Figure 6: Quality-of-life (patient enablement score)

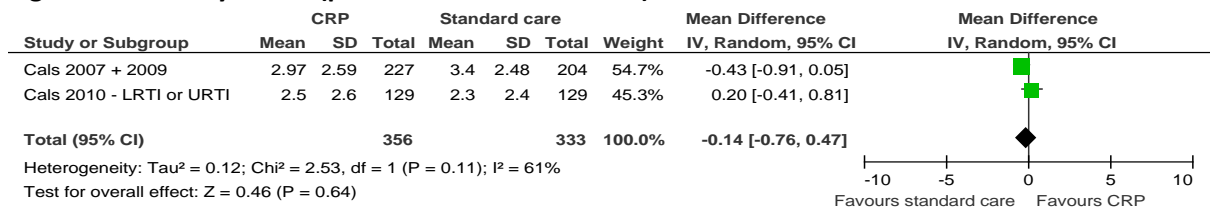
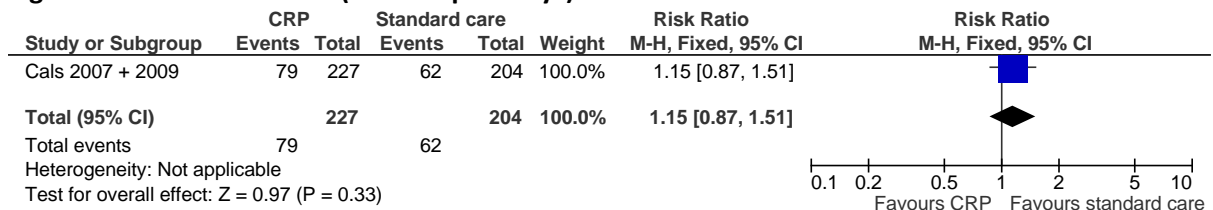


Figure 7: Re-consultation (follow-up 28 days)



1.1.1.2 PCT compared with standard care

Figure 8: Antibiotic treatment (initiation of antibiotics-overall)

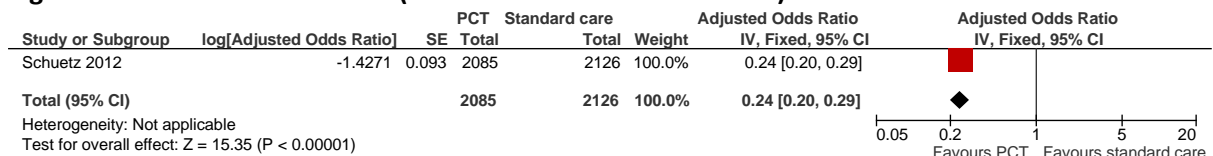


Figure 9: Antibiotic treatment (initiation of antibiotics- primary and ED settings)

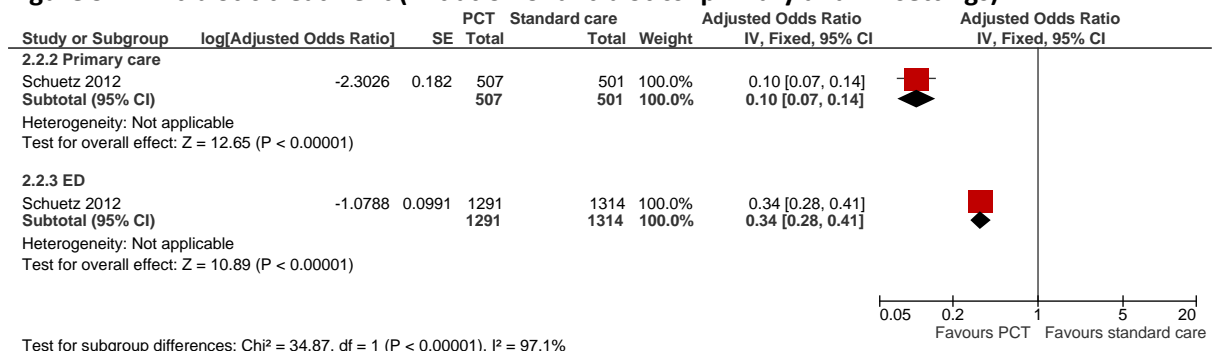


Figure 10: Mortality (all settings)

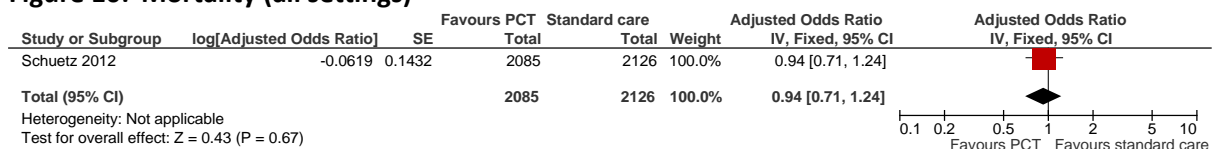


Figure 11: Mortality (Primary and ED settings)

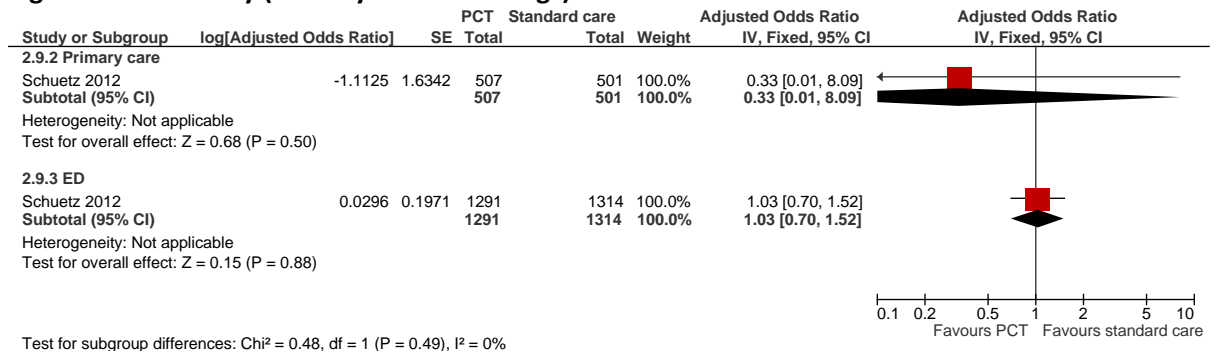


Figure 12: Hospital admission (ED)

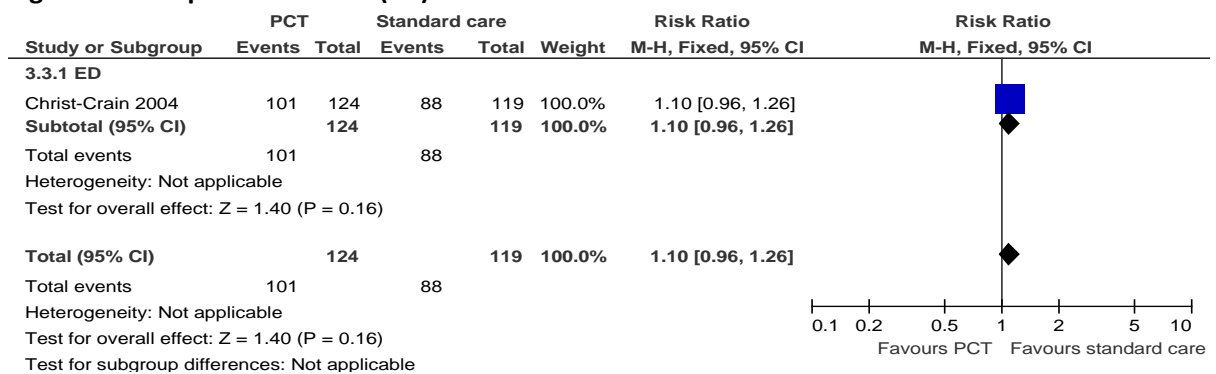


Figure 13: Resolution of symptoms (days with restricted activities for primary care setting)

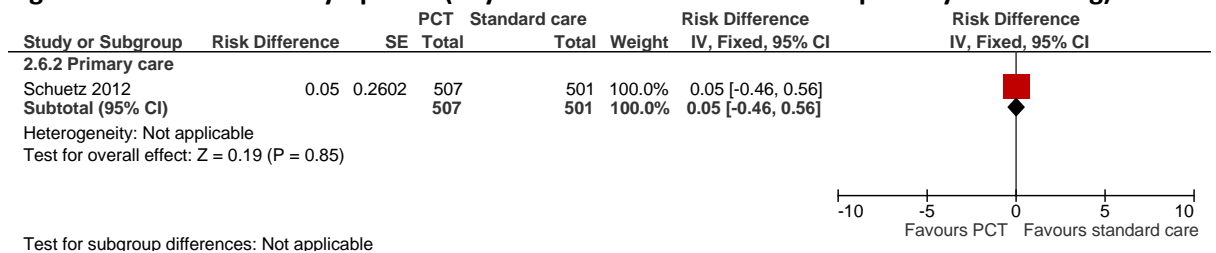


Figure 14: Resolution of symptoms (treatment failure - all settings)

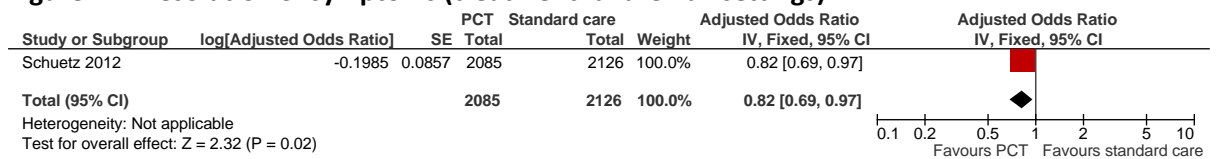


Figure 15: Resolution of symptoms (treatment failure - primary care and ED settings)

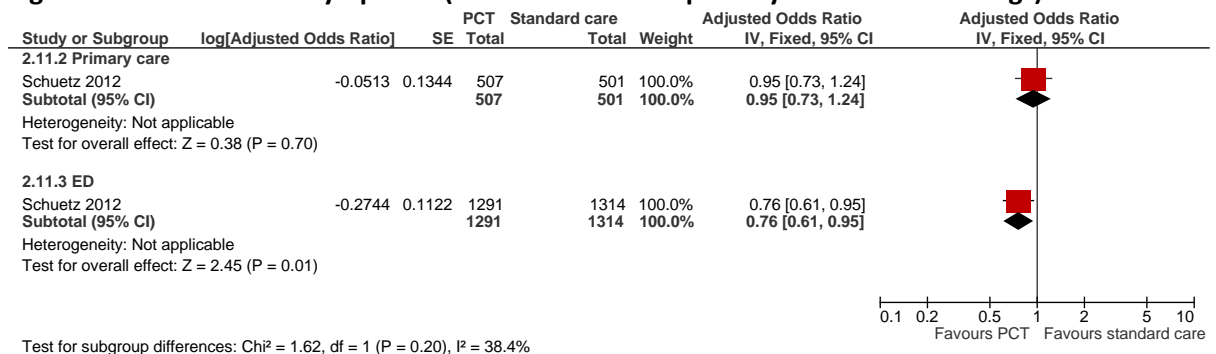
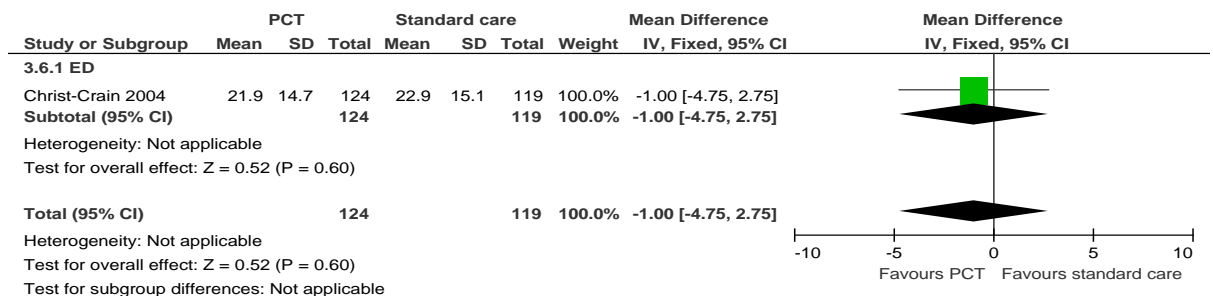
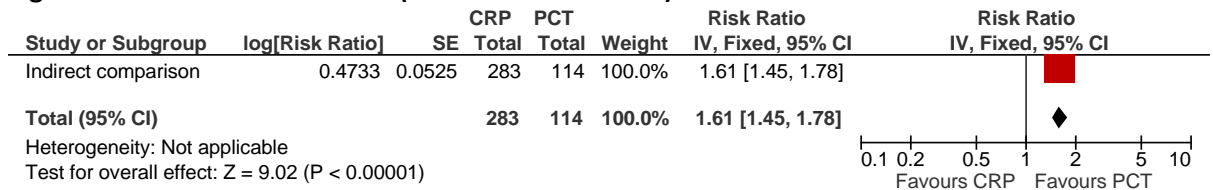


Figure 16: Quality-of-life (final score, scale not known- ED setting)



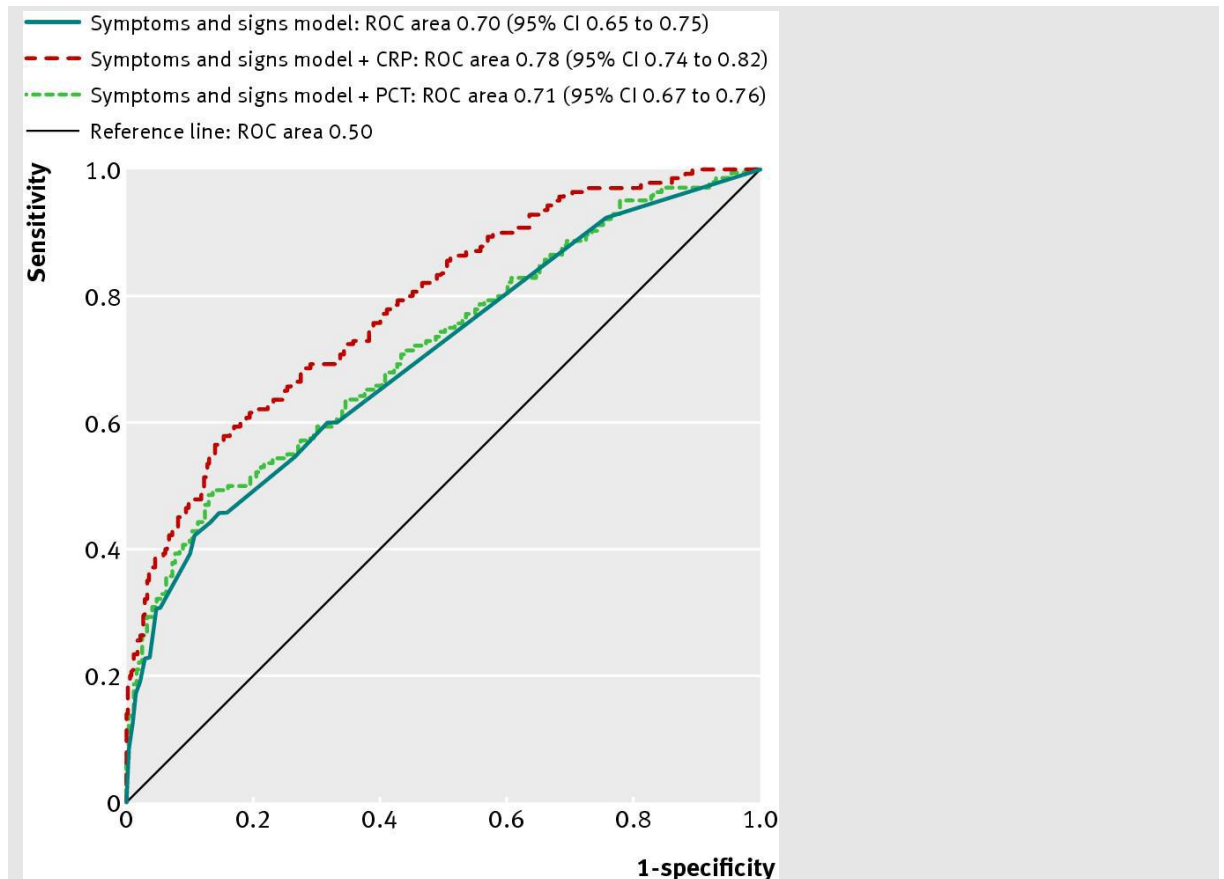
1.1.1.3 CRP compared with PCT (indirect comparison)

Figure 17: Antibiotic treatment (at index consultation)

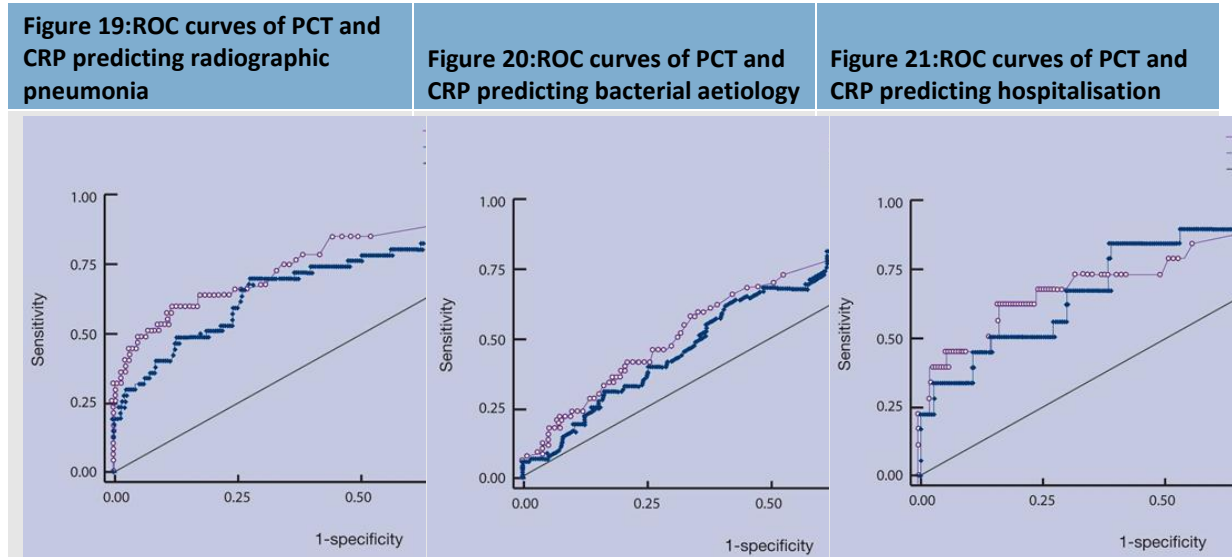


1.1.2 Receiver operating characteristic curves

Figure 18: ROC curves of symptoms and signs and added value of CRP and procalcitonin to determine diagnosis of pneumonia (continuous results)



Source/Note: van Vugt SF, Broekhuizen BD, Lammens C, Zuithoff NP, de Jong PA, Coenen S et al. Use of serum C reactive protein and procalcitonin concentrations in addition to symptoms and signs to predict pneumonia in patients presenting to primary care with acute cough



Source/Note:Holm A, Pedersen SS, Nexoe J, Obel N, Nielsen LP, Koldkjaer O et al. Procalcitonin versus C-reactive protein for predicting pneumonia in adults with lower respiratory tract infection in primary care. *British Journal of General Practice*. 2007; 57(540):555-560. (Guideline Ref ID HOLM2007)

1.2 Severity assessment

1.2.1 PSI compared with CURB65, CRB65 or CURB

1.2.1.1 Prediction of mortality - range of point estimates of AUCs for PSI, CURB65 and CRB65

Figure 22: AUCs for PSI

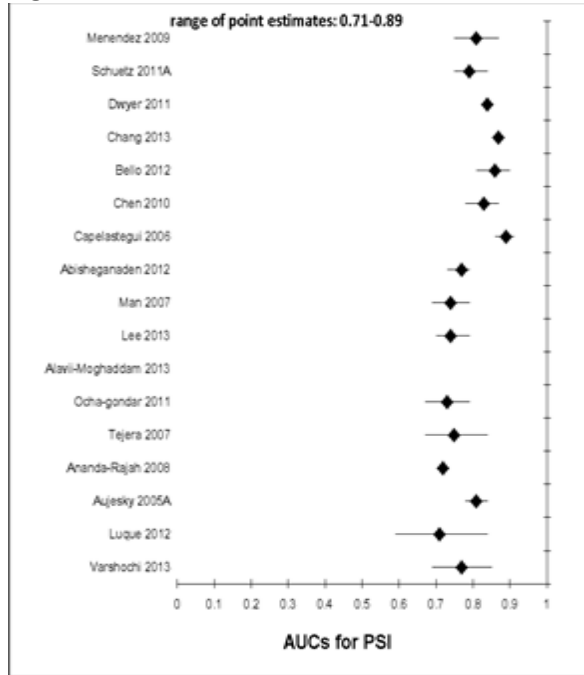


Figure 23: AUCs for CURB65

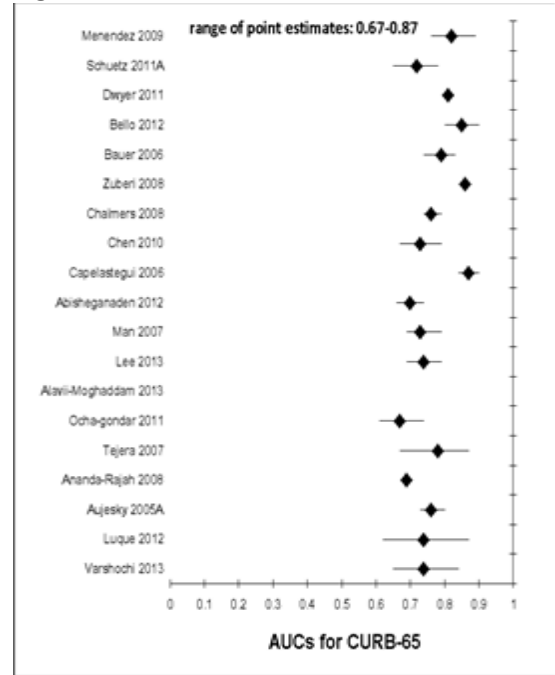


Figure 24: AUCs for CURB

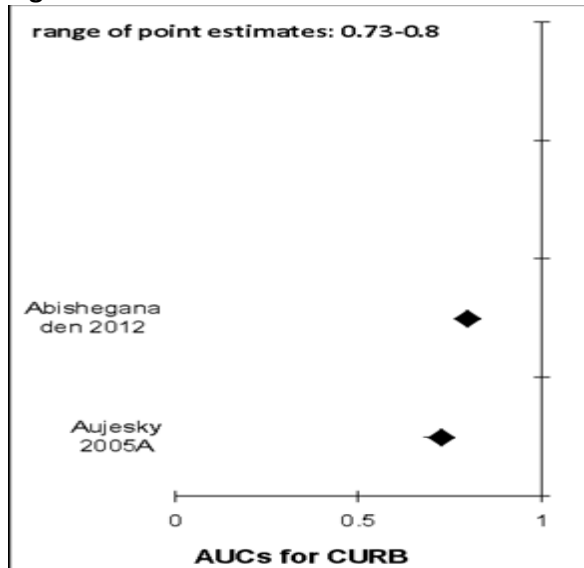


Figure 25: AUCs for CRB65

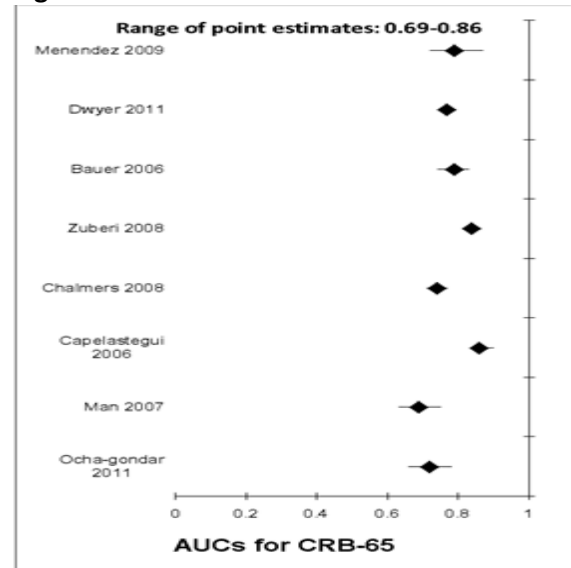


Figure 26: High-risk PSI (\geq IV) compared with low-risk PSI ($<$ IV) to predict mortality

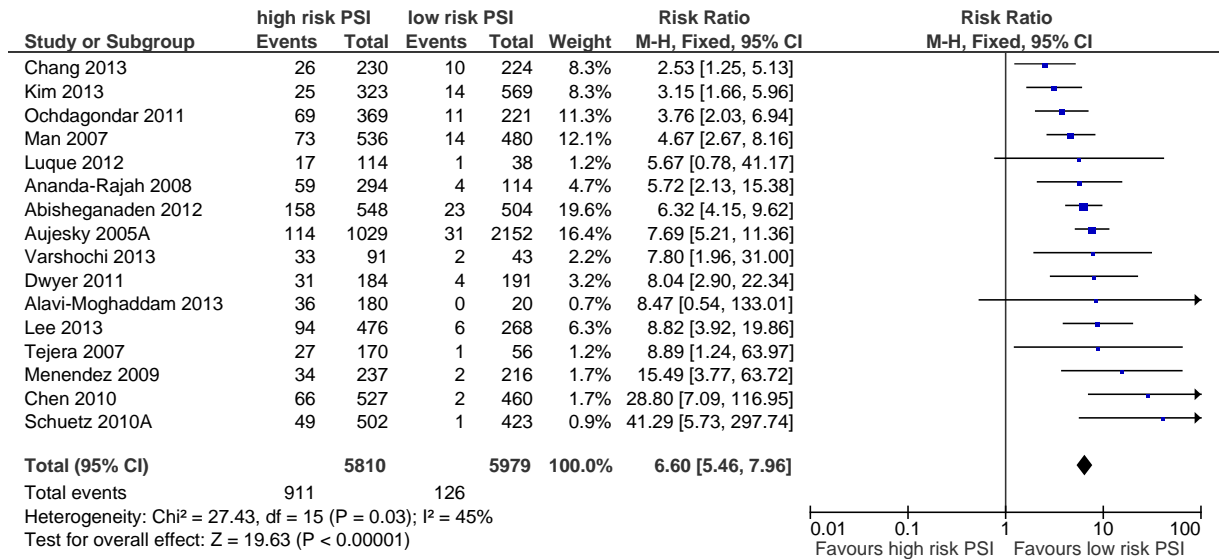


Figure 27: Intermediate-risk PSI ($=$ III) compared with low-risk PSI ($<$ III) to predict mortality

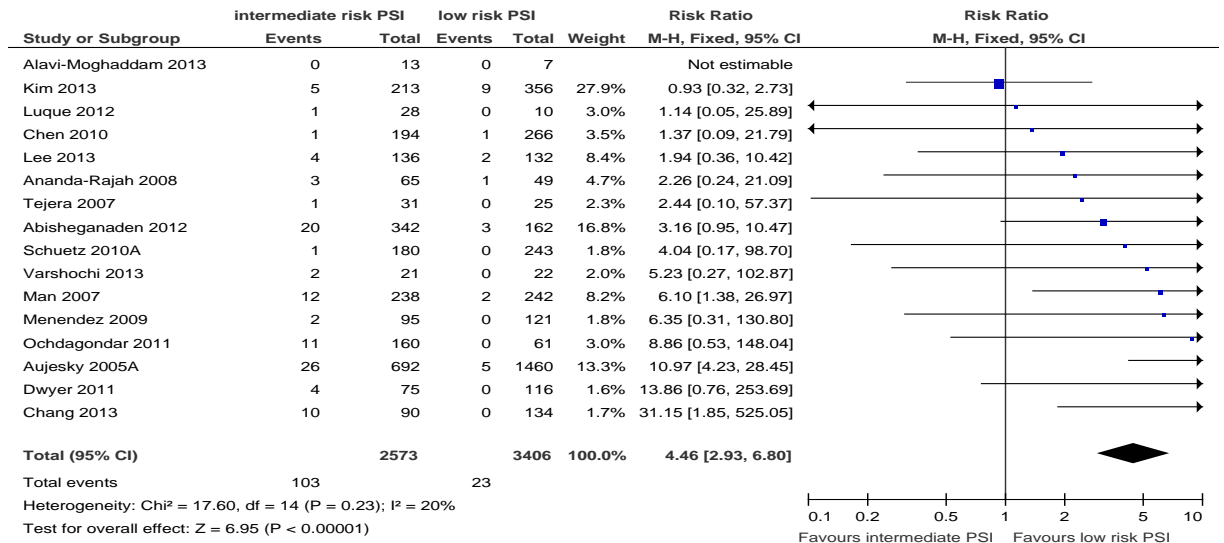


Figure 28: High-risk PSI (\geq IV) compared with intermediate-risk PSI (= III) to predict mortality

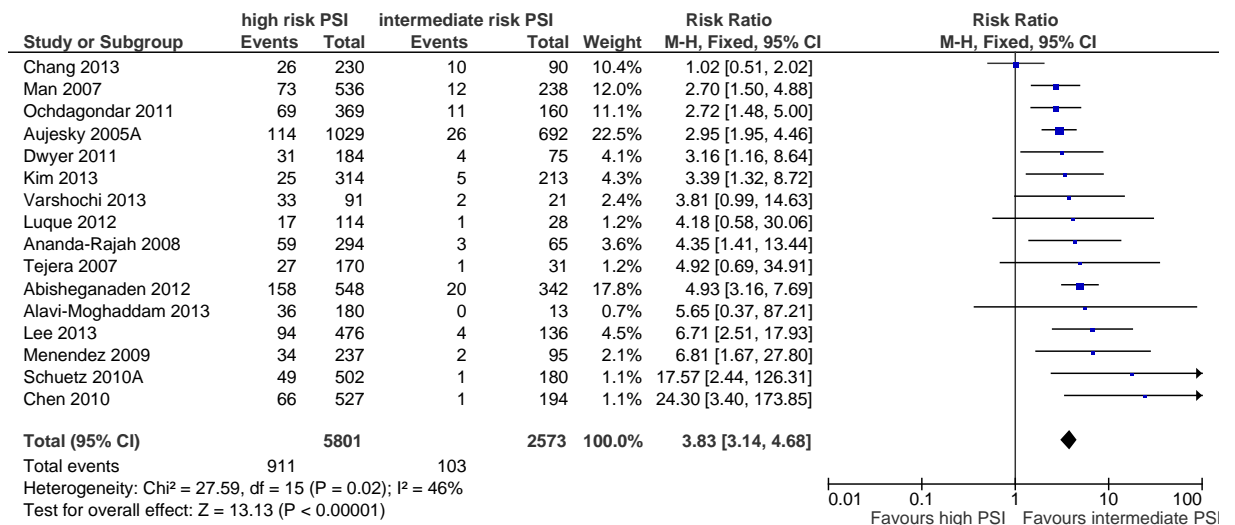


Figure 29: High-risk PSI (\geq IV) compared with low-risk PSI ($<$ IV) to predict ITU admission

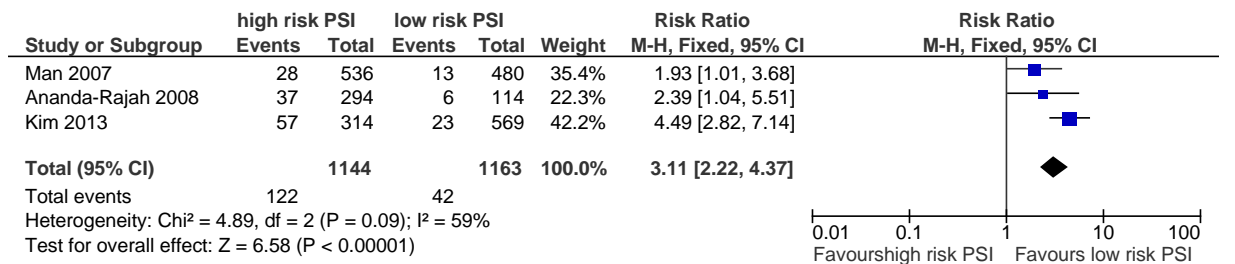


Figure 30: High-risk CURB65 (\geq 3) compared with low-risk CURB65 ($<$ 3) to predict mortality

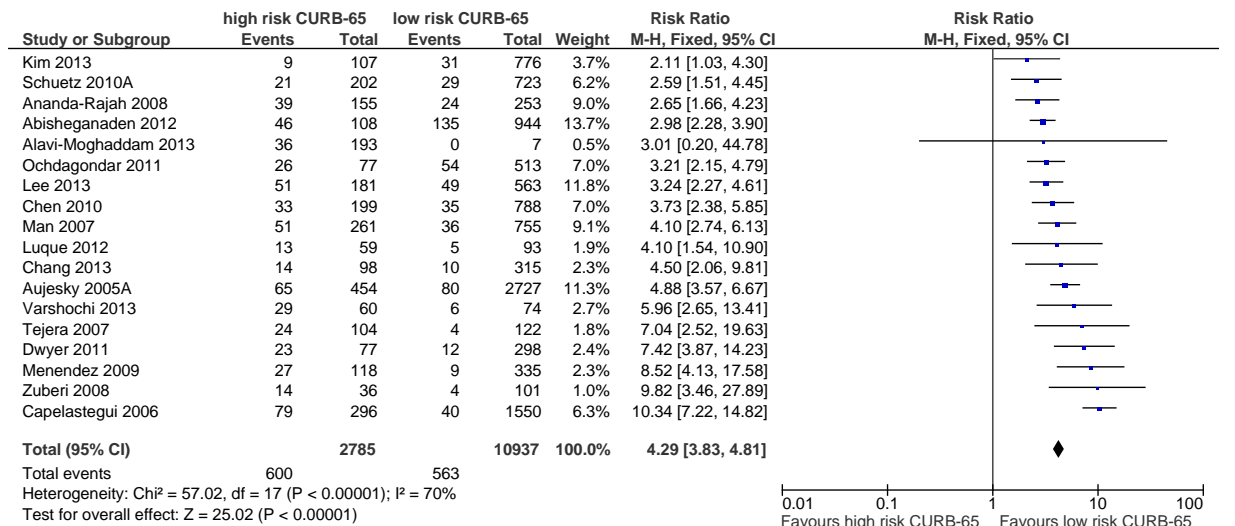


Figure 31: Intermediate-risk CURB65 (= 2) compared with low-risk CURB65 (< 2) to predict mortality

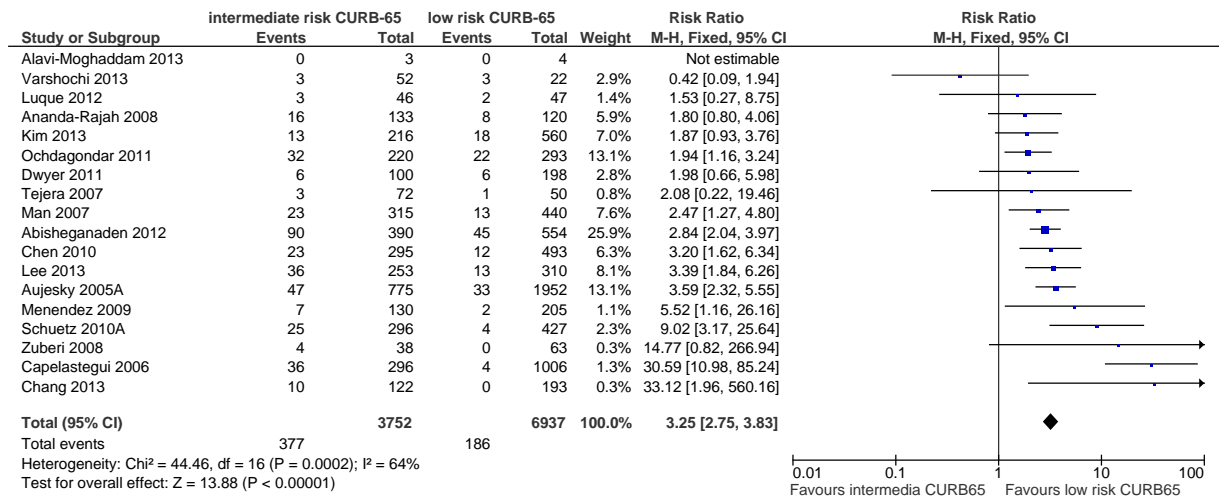


Figure 32: High-risk CURB65 (≥ 3) compared with intermediate-risk CURB65 (= 2) to predict mortality

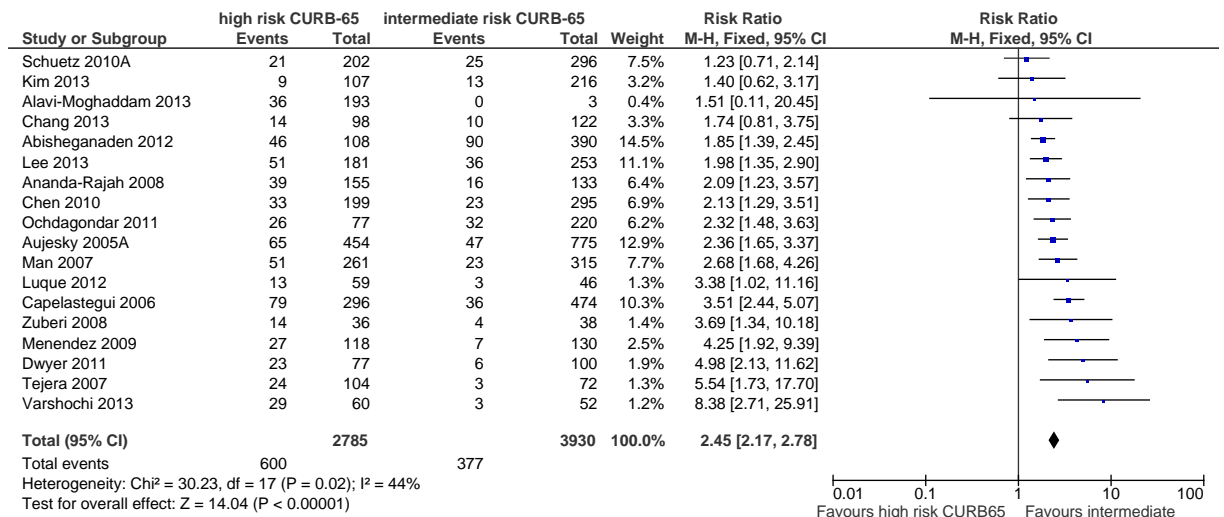


Figure 33: High-risk CURB65 (≥ 3) compared with low-risk CURB65 (< 3) to predict ITU admission

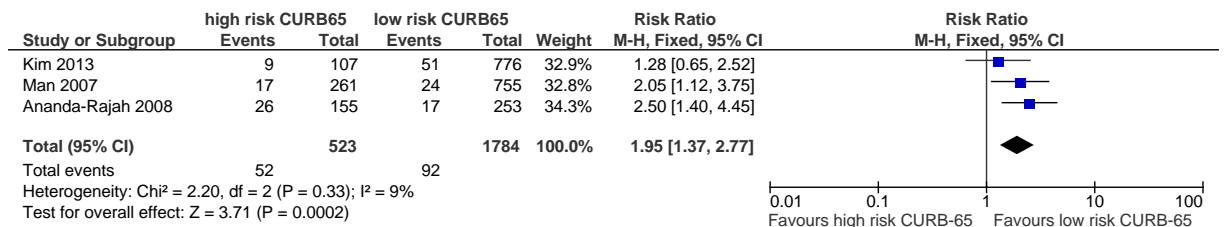


Figure 34: High-risk CURB (≥ 2) compared with low-risk CURB (< 2) to predict mortality

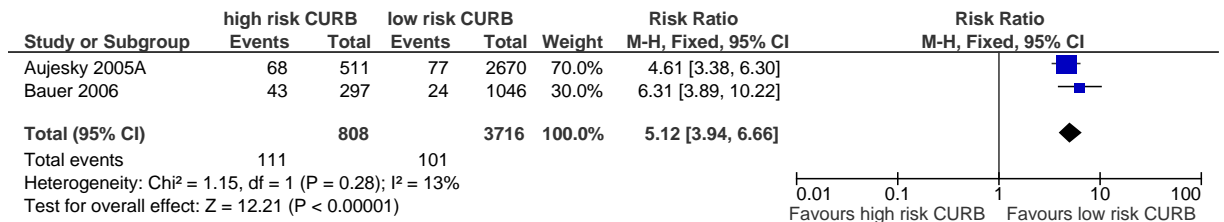


Figure 35: High-risk CRB65 (≥ 3) compared with low-risk CRB65 (< 3) to predict mortality

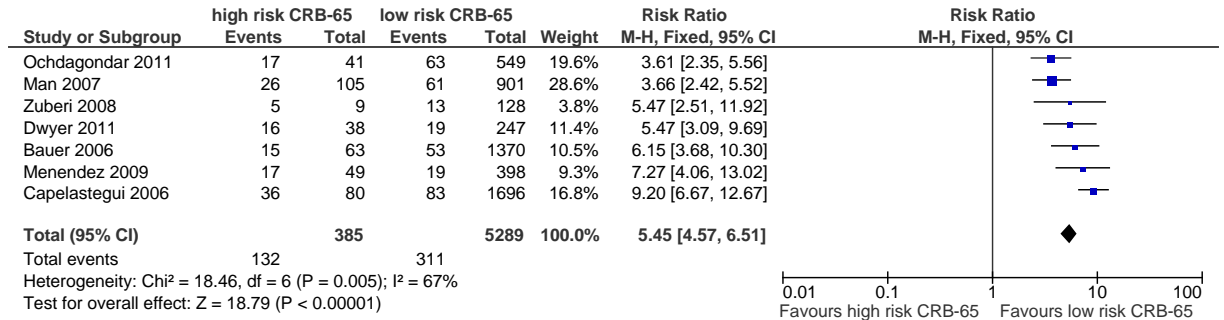


Figure 36: Intermediate-risk CRB65 (= 1 or 2) compared with low-risk CRB65 (= 0) to predict mortality

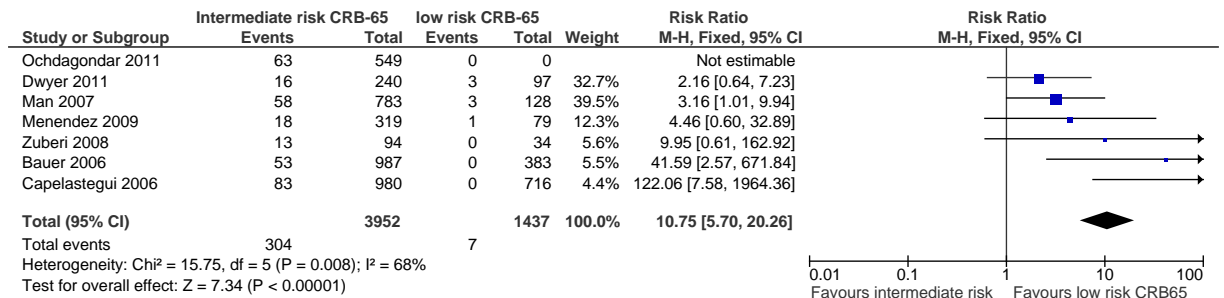
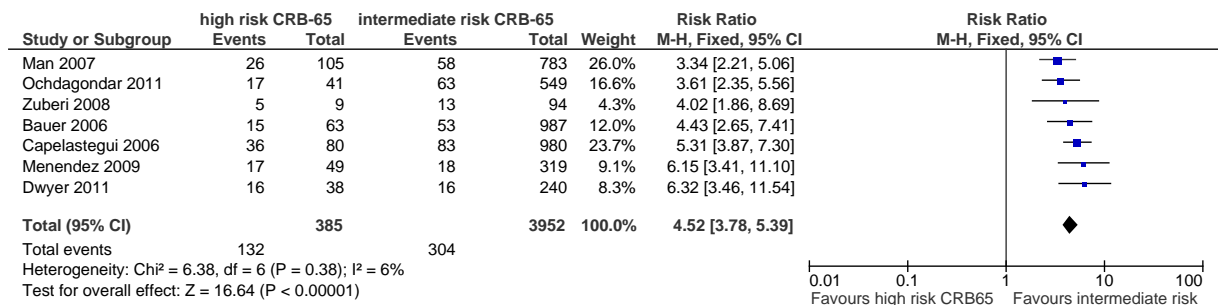


Figure 37: High-risk CRB65 (≥ 3) compared with intermediate-risk CRB65 (= 1 or 2) to predict mortality



1.2.2 PSI, CURB65 compared with modified American Thoracic Society 2001 criteria (mATS)

1.2.2.1 Summary of discriminatory analysis (AUCs) for PSI and CURB65 compared with mATS in prediction of mortality

Figure 38: AUCs for PSI

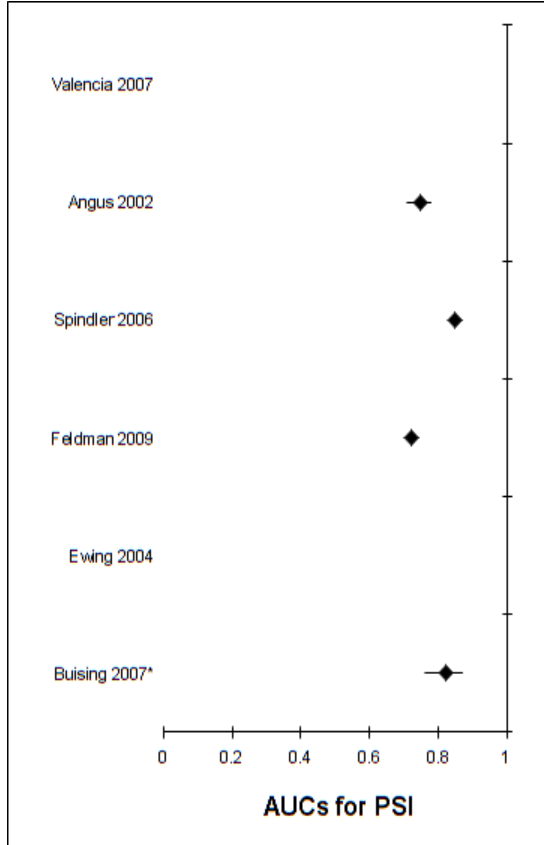
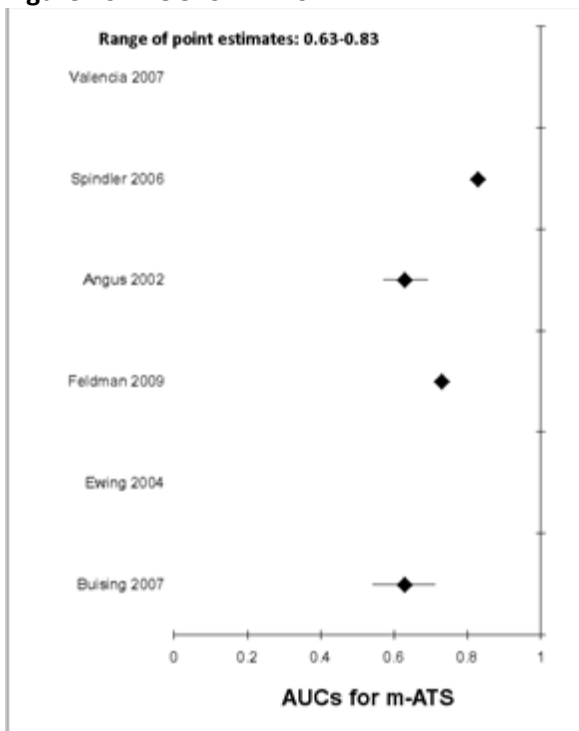


Figure 39: AUCs for CURB65



Figure 40: AUC for mATS



1.2.2.2 Summary of discriminatory analysis (AUCs) for PSI and CURB65 compared with mATS in prediction of ITU admission

Figure 41: AUCs for PSI

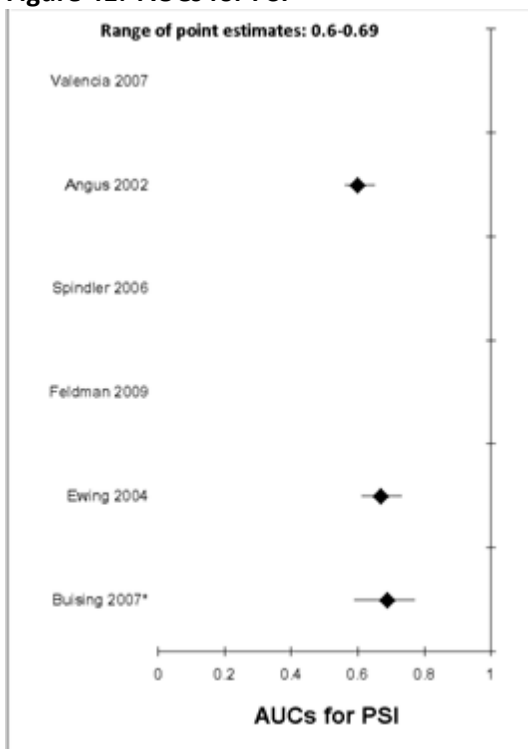
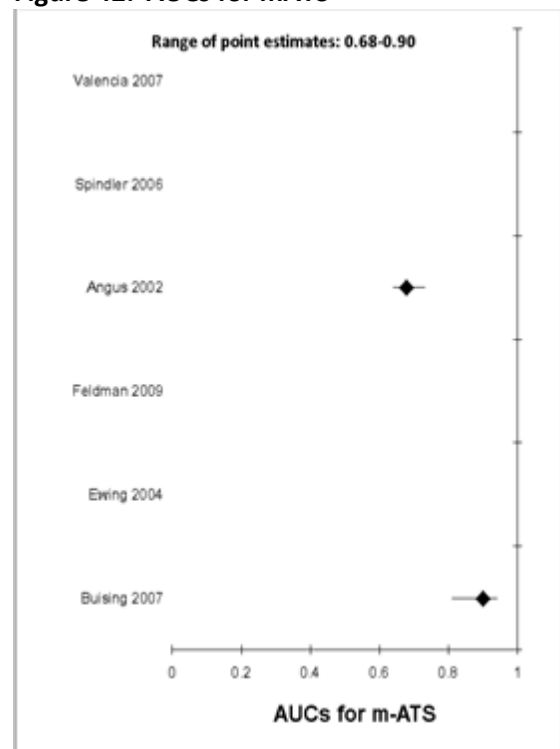


Figure 42: AUCs for mATS



1.2.3 PSI, CURB65 compared with IDSA/ATS

1.2.3.1 Prediction of mortality

Figure 43: High-risk CURB65 (≥ 3) compared with low-risk CURB65 (< 3) groups to predict mortality

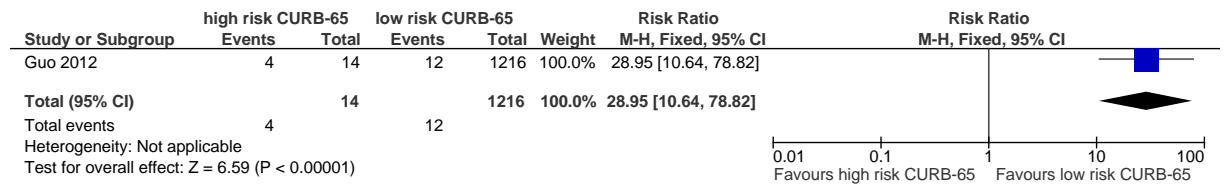
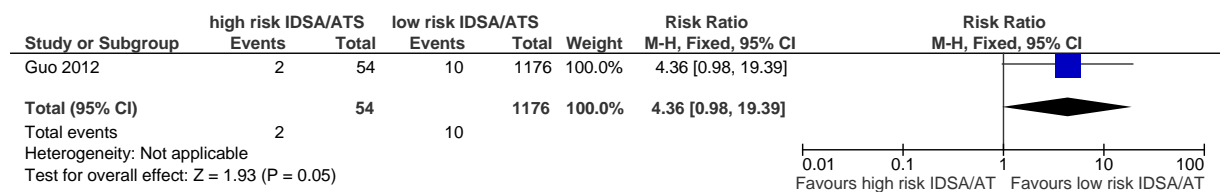


Figure 44: High-risk (≥ 3) groups compared with low-risk IDSA/ATS minor criteria (< 3) to predict mortality



1.3 Microbiological tests

1.3.1.1 Targeted compared with empirical treatment using a combination of tests

Figure 45: Mortality

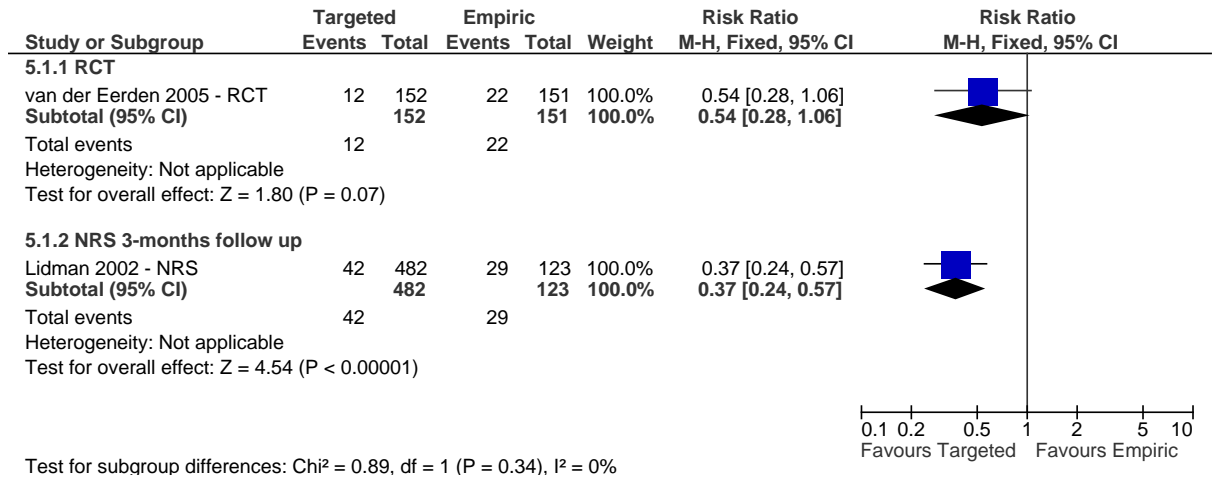


Figure 46: Clinical failure

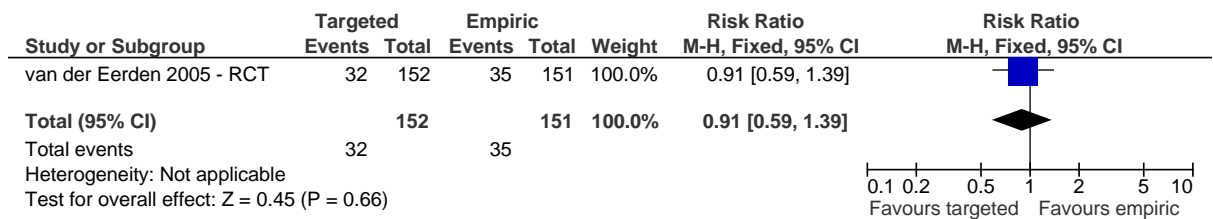


Figure 47: Length of hospital stay

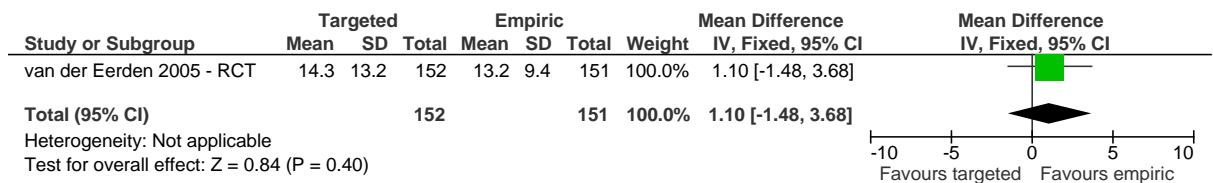


Figure 48: Quality-of-life (SF-36)

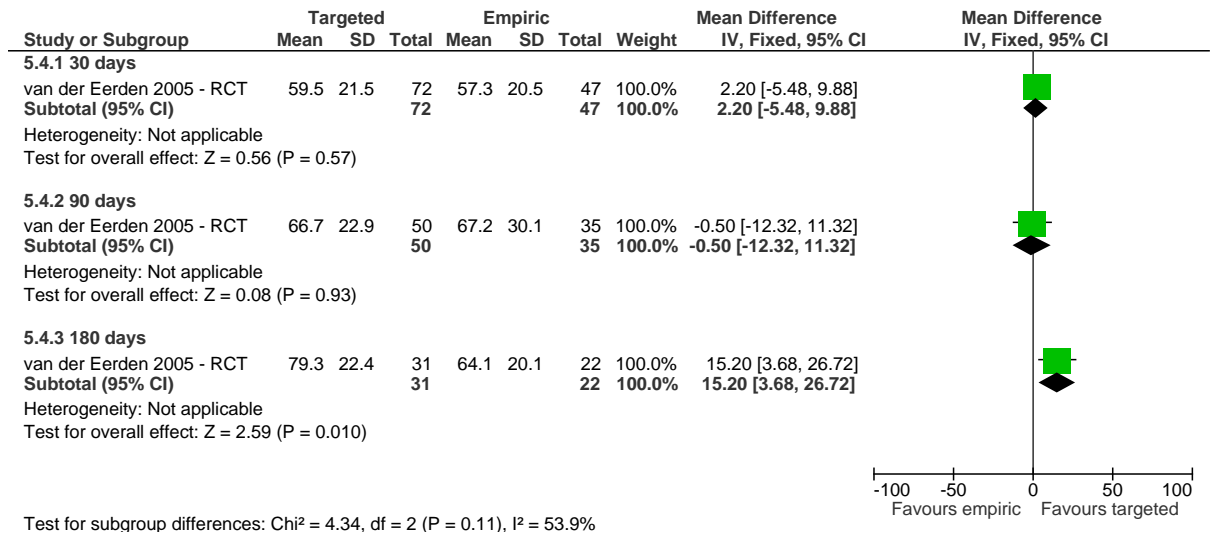
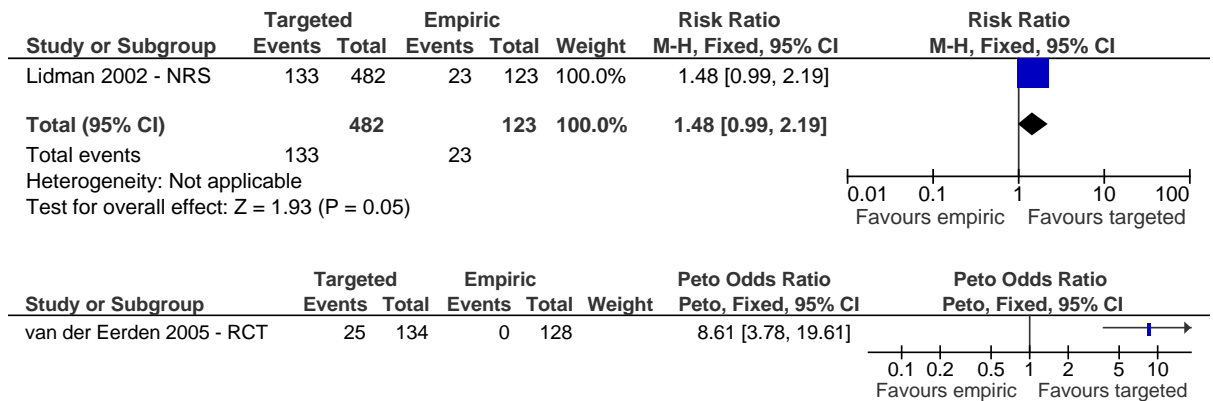


Figure 49: Change in prescription based on test results or clinical judgement



1.3.1.2 Targeted compared with empirical treatment using urinary antigen tests

Figure 50: Mortality

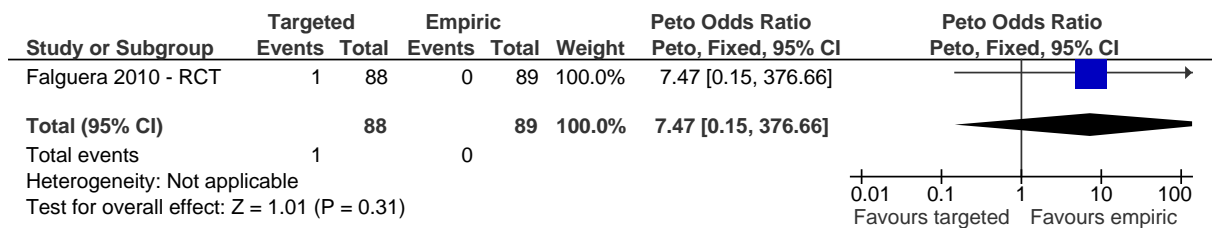


Figure 51: Clinical relapse

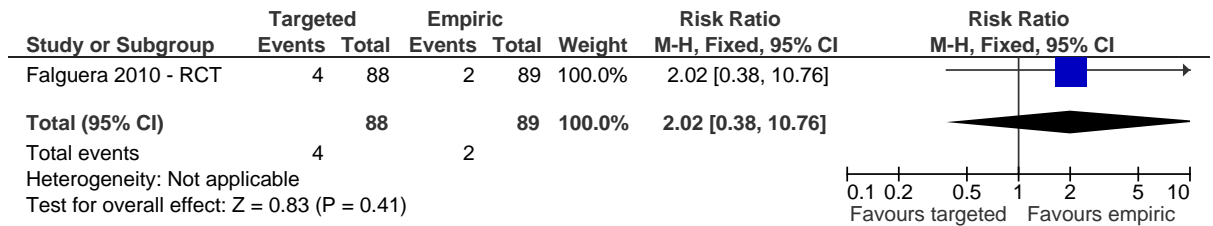


Figure 52: Re-admission

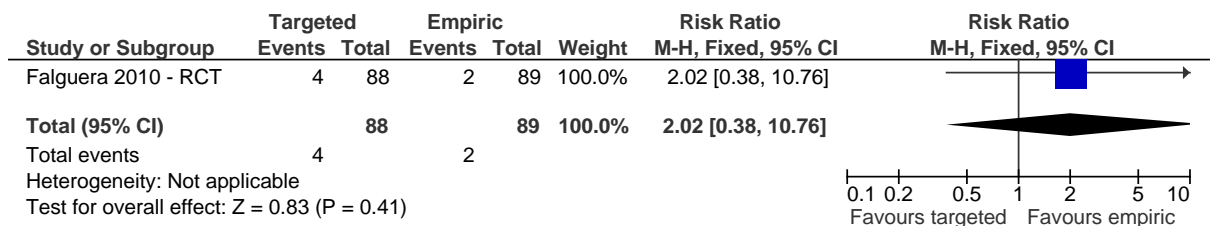


Figure 53: Treatment withdrawal due to adverse events

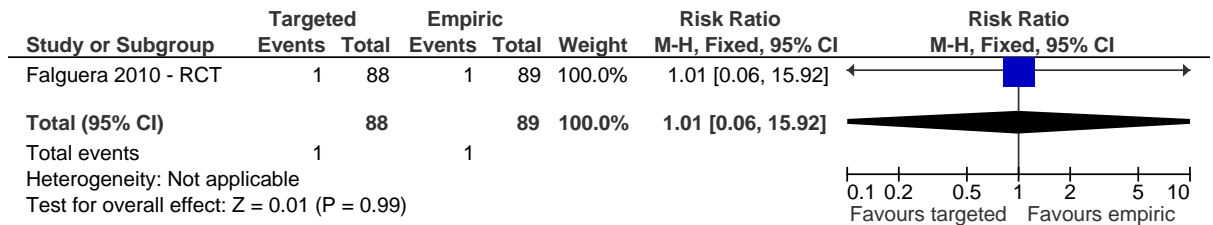
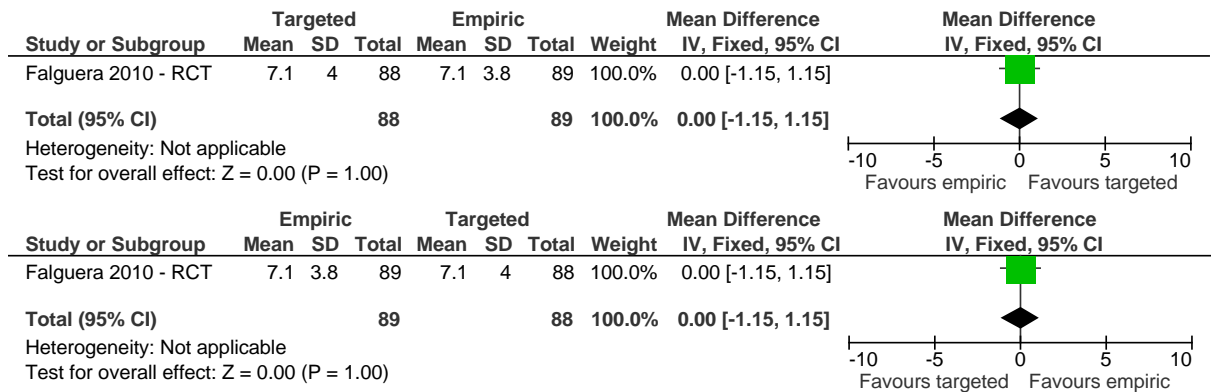


Figure 54: Length of hospital stay



1.3.1.3 Targeted compared with empirical treatment using blood culture

Figure 55: Mortality

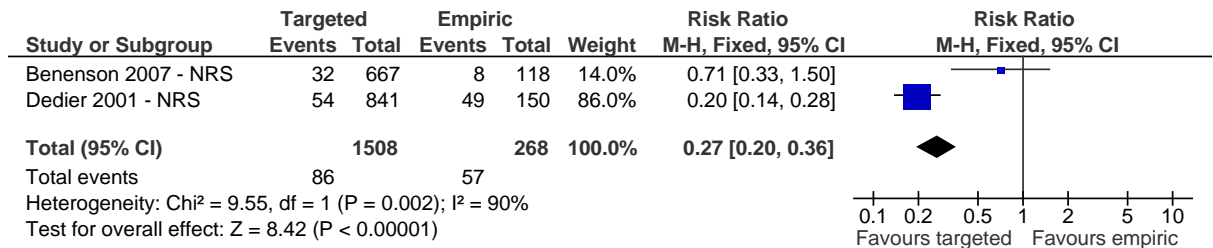


Figure 56: Mortality

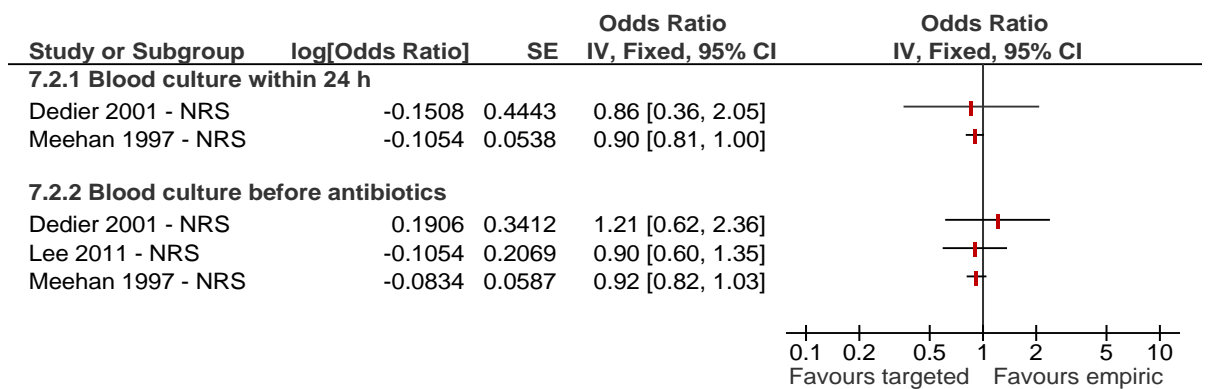


Figure 57: Clinical instability at 48 hours

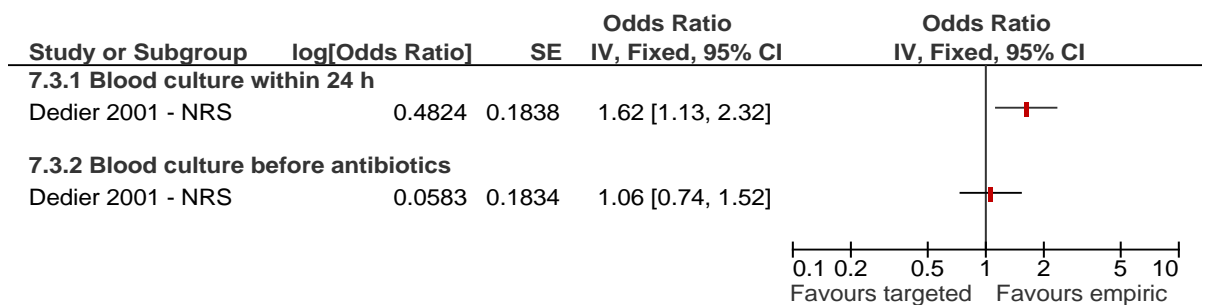


Figure 58: Length of hospital stay

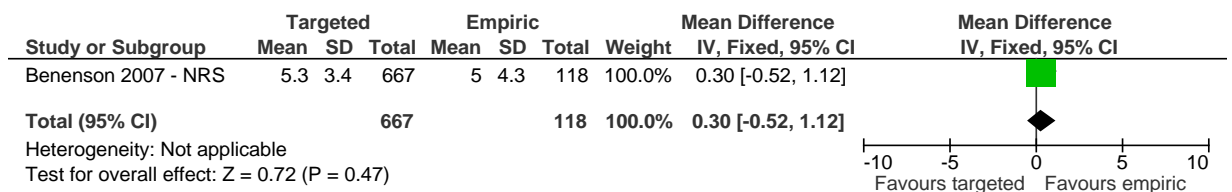


Figure 59: Length of hospital stay

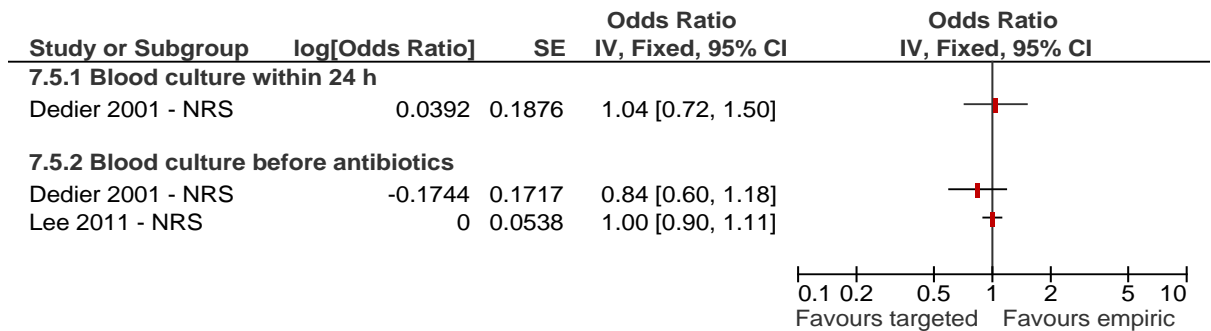
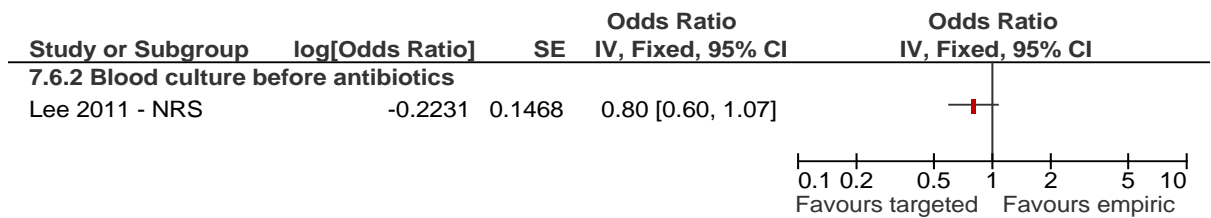
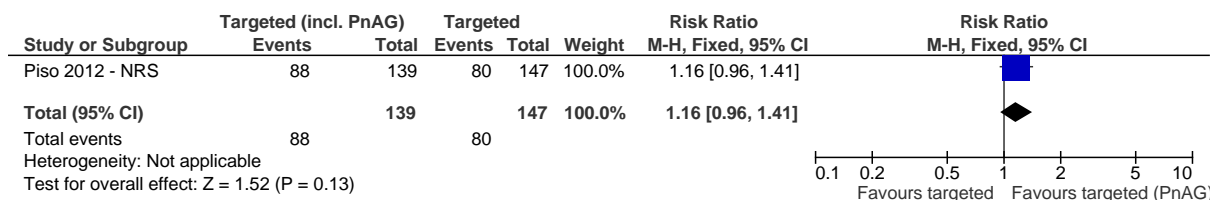


Figure 60: Hospital re-admission



1.3.1.4 Targeted treatment following pneumococcal antigen compared with targeted treatment not using pneumococcal antigen

Figure 61: Change in prescription (within 48 to 72 hours)



1.4 Antibiotic therapy

1.4.1 Timing of antibiotic therapy

1.4.1.1 Early compared with late antibiotic therapy (multivariable analysis)

Figure 62: Mortality

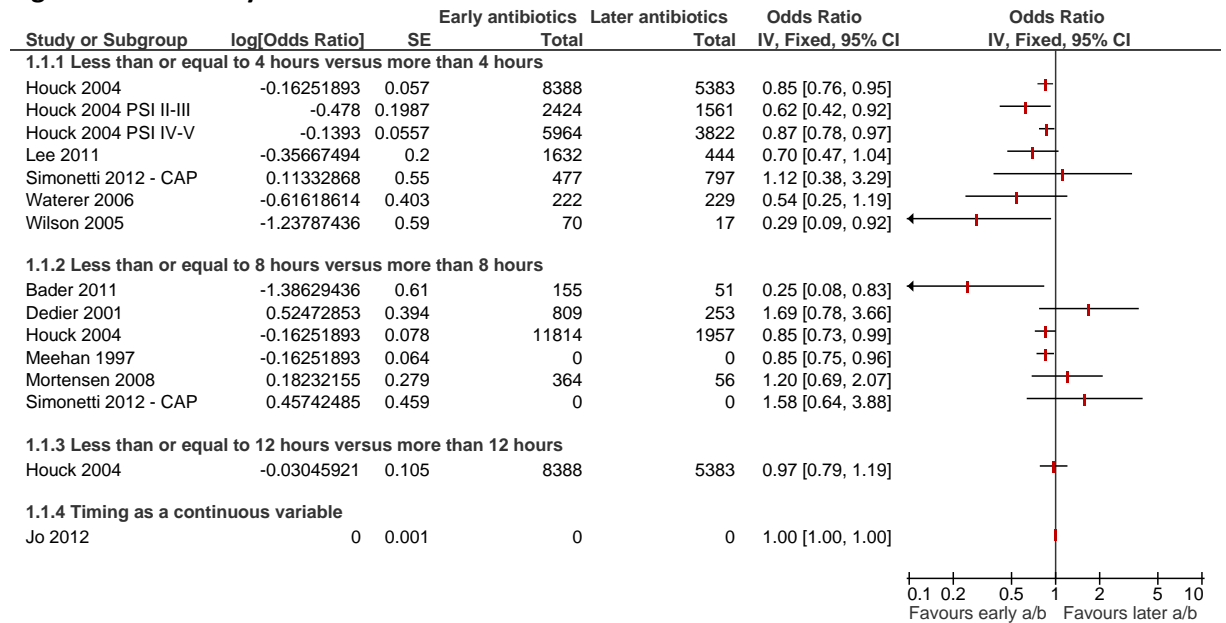


Figure 63: Mortality - full time series

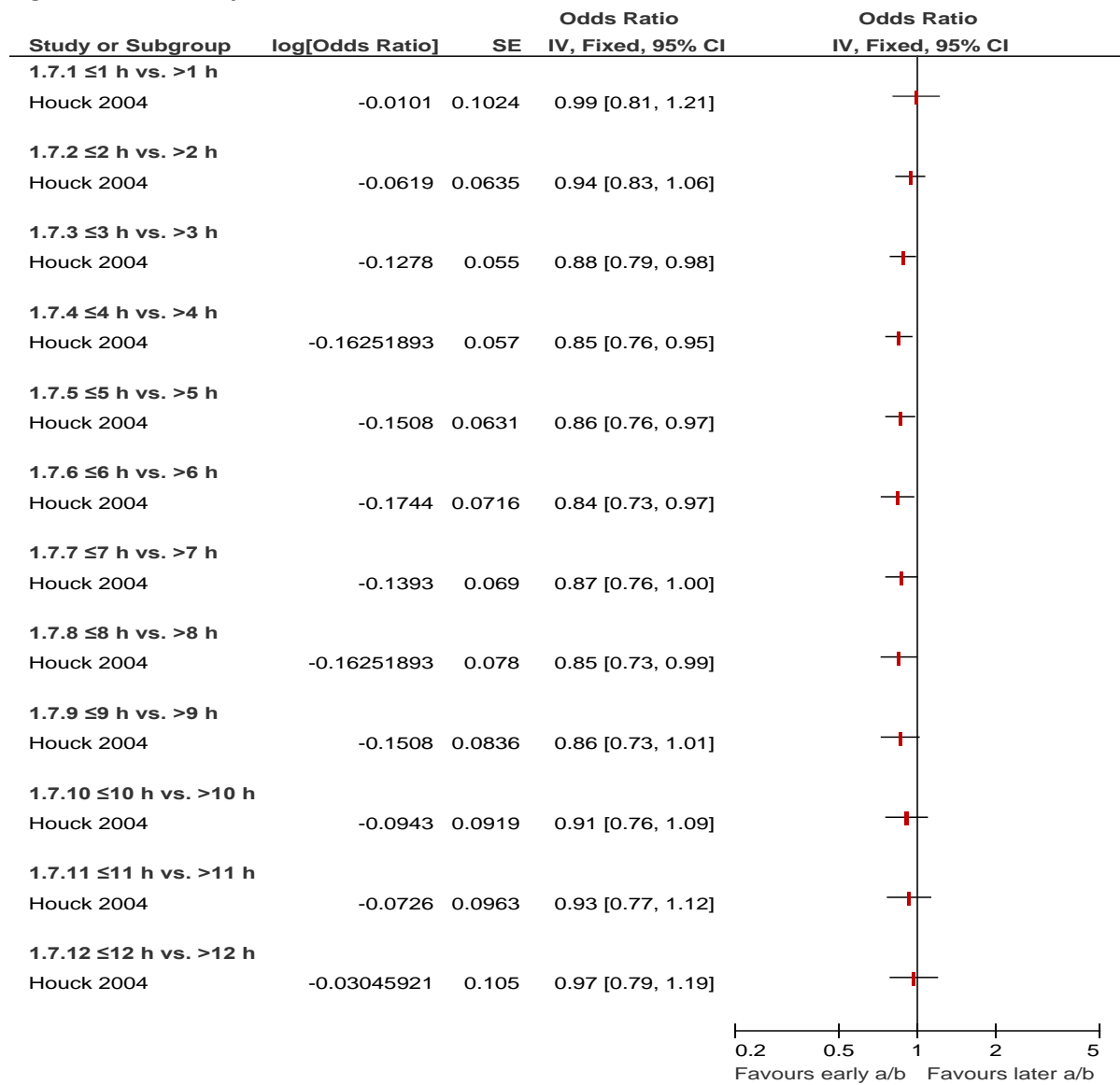


Figure 64: Prolonged length of stay (above median)

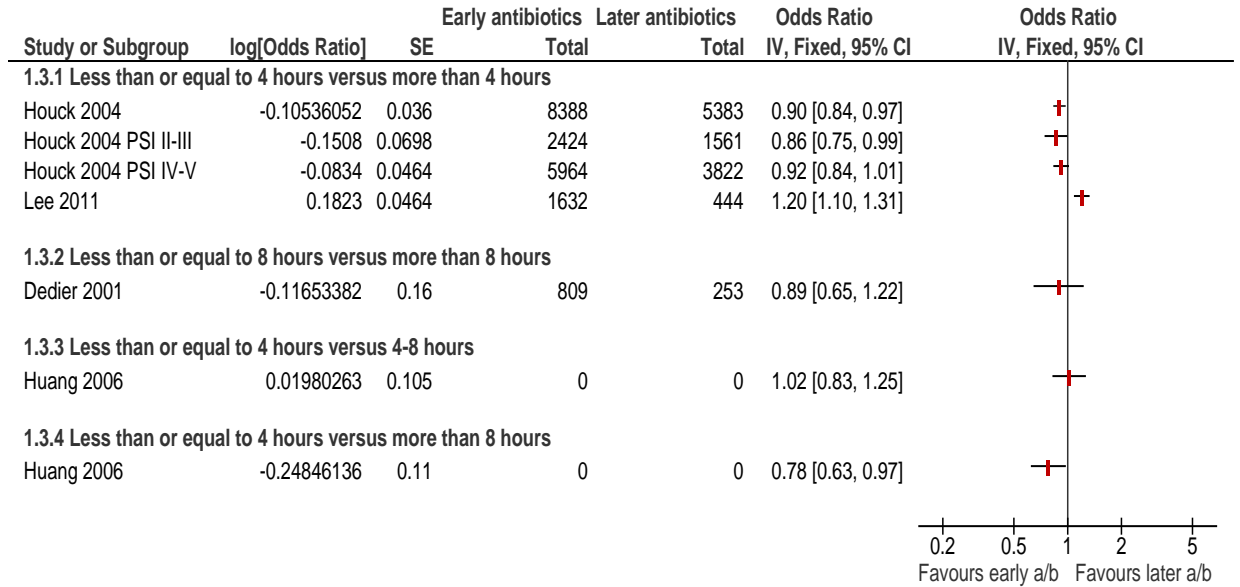


Figure 65: Prolonged length of stay (above 75th percentile)

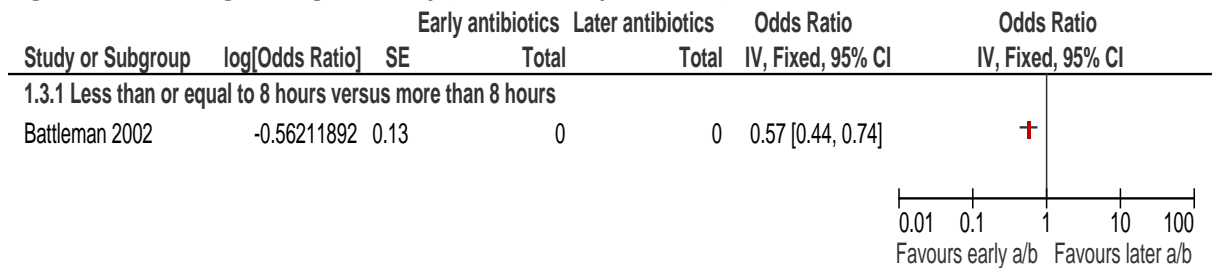


Figure 66: Re-admission after discharge

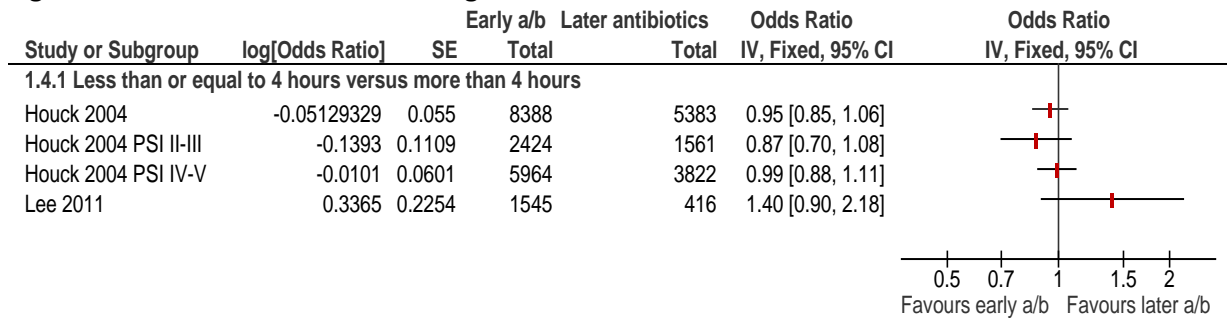
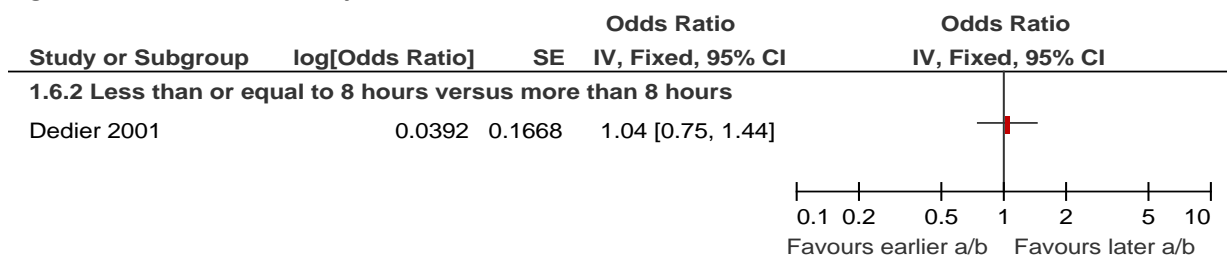


Figure 67: Clinical instability at 48 hours



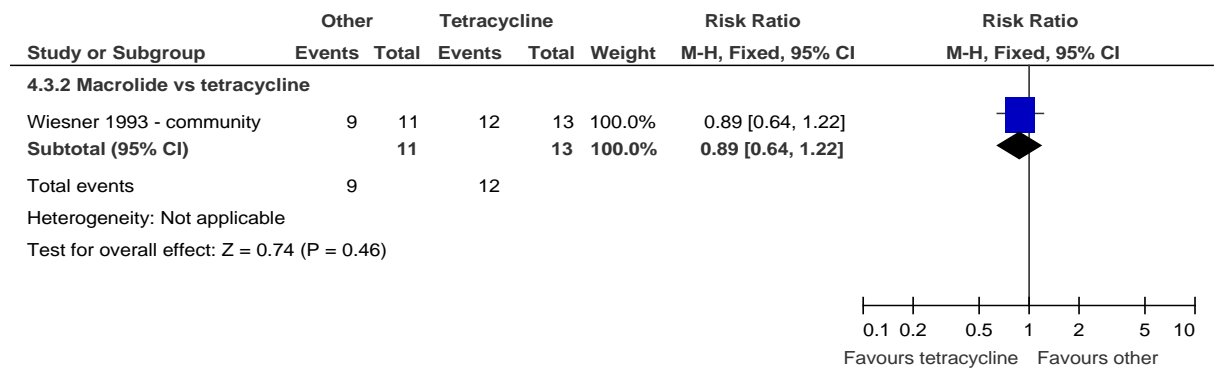
1.4.2 In adults with community-acquired pneumonia what is the most clinically- and cost-effective empirical antibiotic choice?

1.4.3 Low-severity community-acquired pneumonia

1.4.3.1 Single- compared with other single-antibiotic therapy for low-severity community-acquired pneumonia managed in the community

1.4.3.1.1 Macrolide compared with tetracycline

Figure 68: Clinical cure (end of treatment)



1.4.3.1.2 Cephalosporin compared with tetracycline

Figure 69: Clinical cure at end of treatment

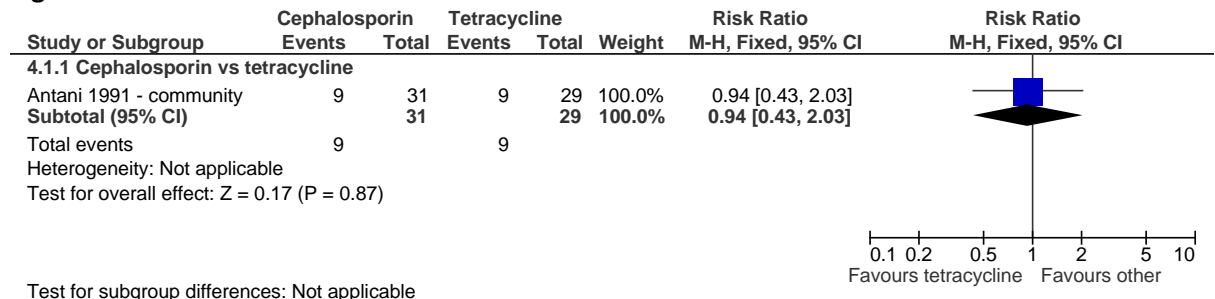
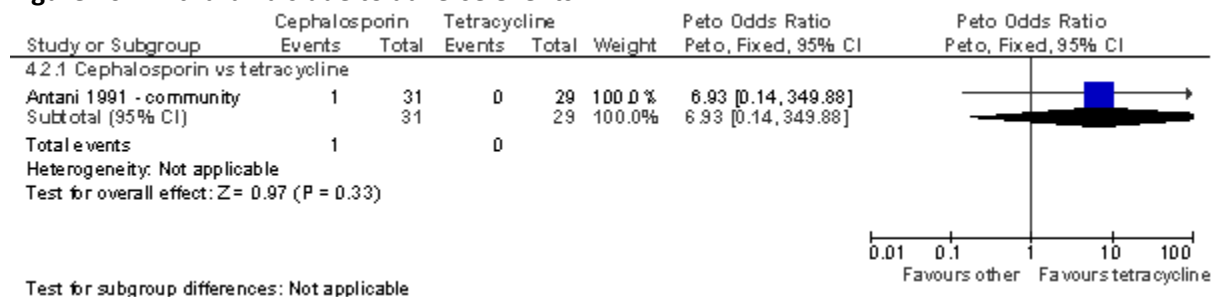
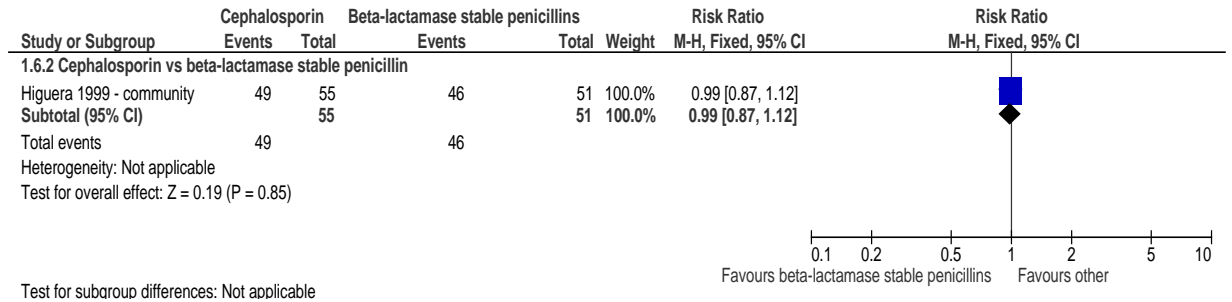


Figure 70: Withdrawals due to adverse events



1.4.3.1.3 Cephalosporin compared with beta-lactamase-stable penicillin

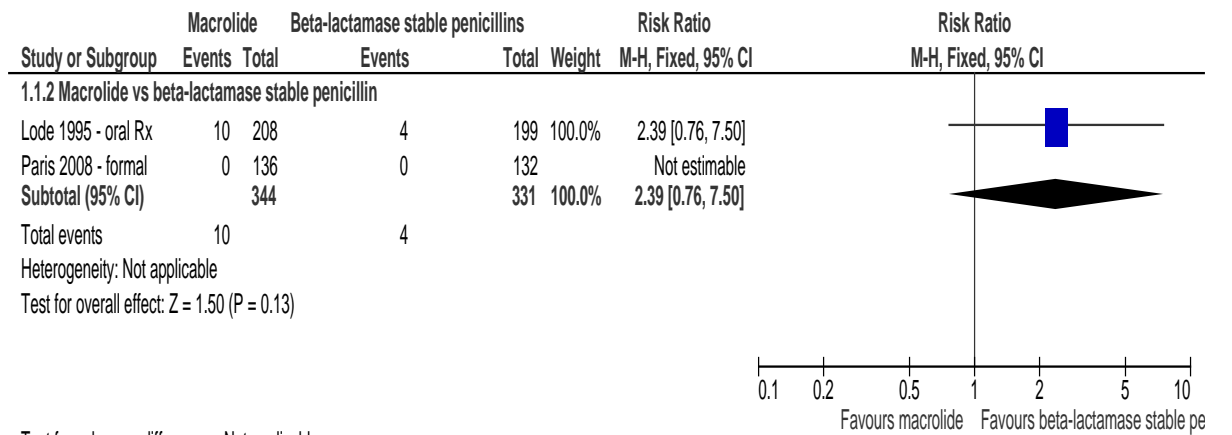
Figure 71: Clinical cure at the end of follow up



1.4.3.1.4 Macrolide compared with beta-lactam stable penicillin

Figure 72: Mortality

Figure 1: Mortality



Source: <Insert Source text here>

Figure 73: Clinical cure at end of treatment

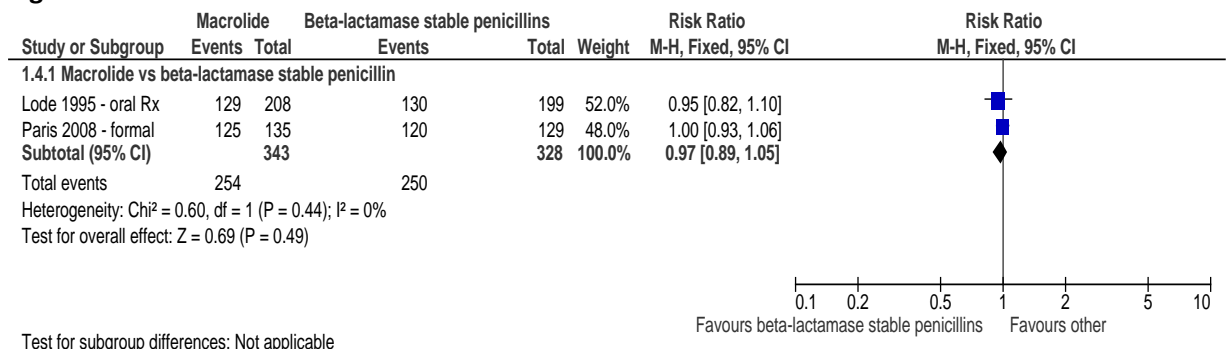


Figure 74: Clinical cure at end of follow-up

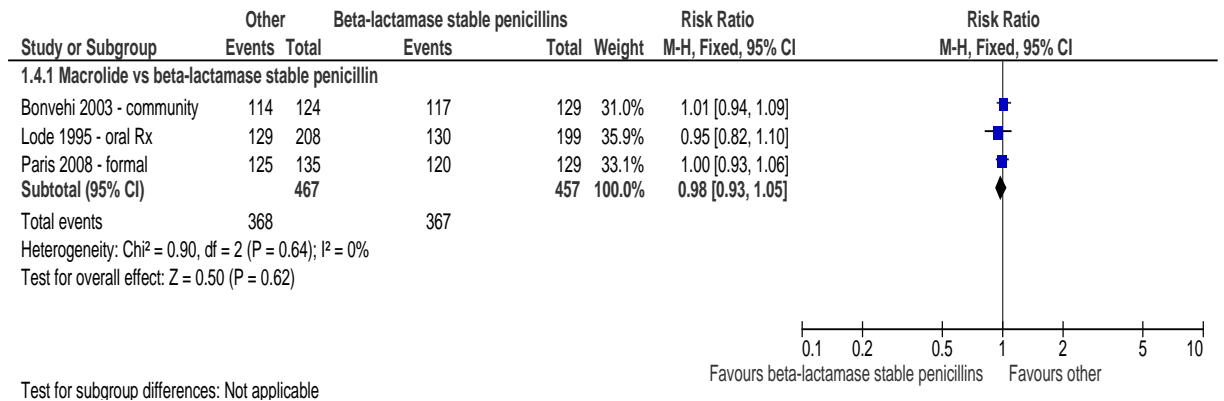
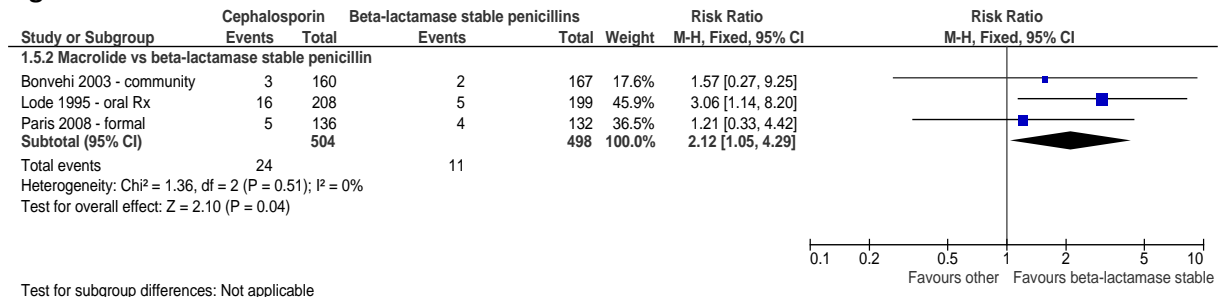


Figure 75: Withdrawal due to adverse events



1.4.3.1.5 Respiratory fluoroquinolone compared with narrow spectrum beta-lactam (class 2)

Figure 76: Mortality

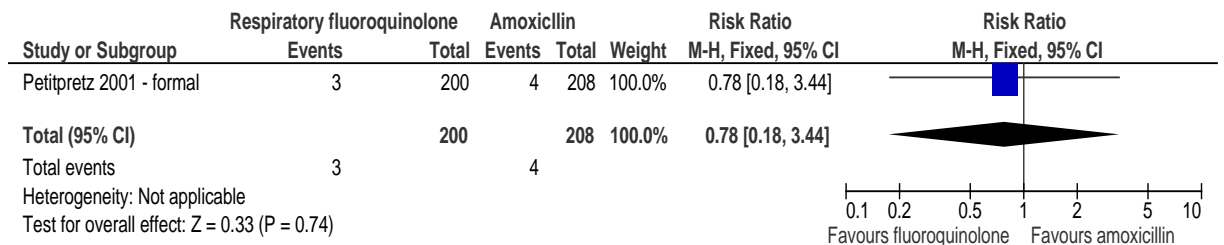


Figure 77: Clinical cure at end of treatment

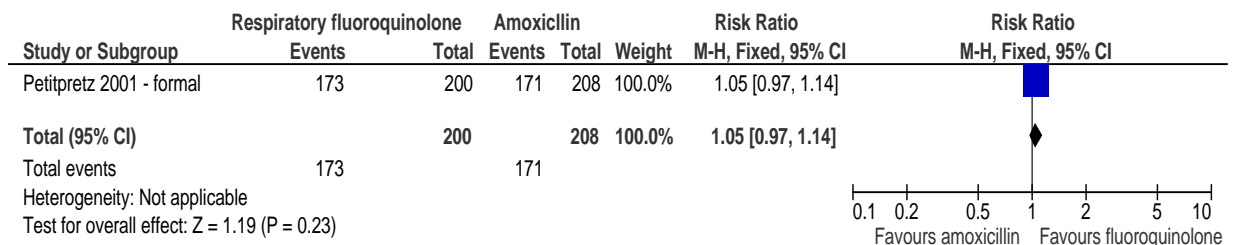


Figure 78: Clinical cure at end of follow-up

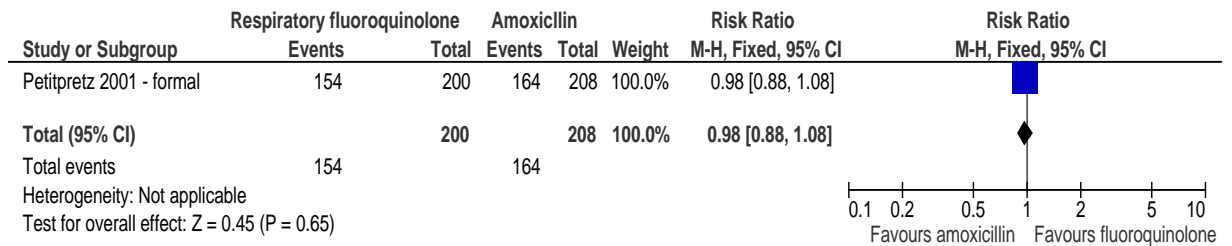


Figure 79: Complications

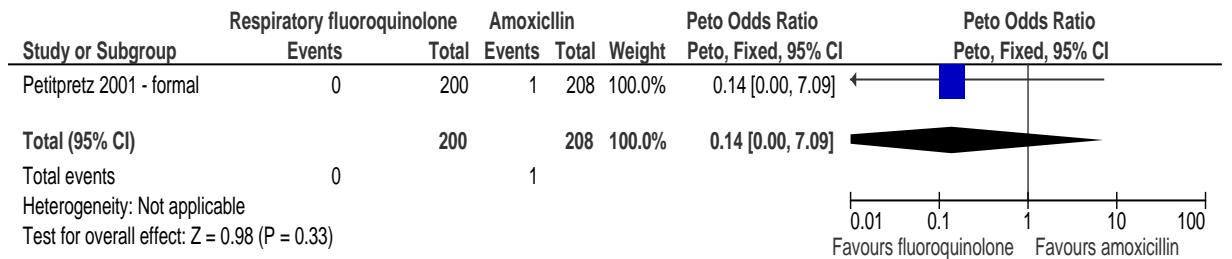
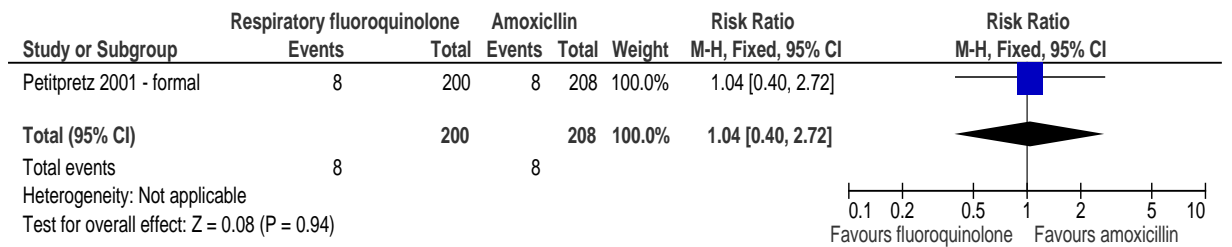
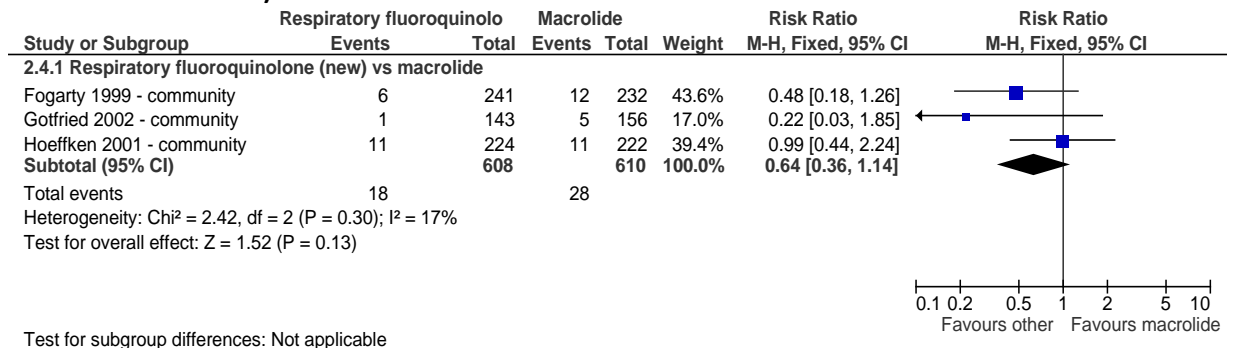


Figure 80: Withdrawal or treatment discontinuation due to adverse events



1.4.3.1.6 Respiratory fluoroquinolone compared with beta-lactam stable penicillin

Figure 81: Withdrawal due to adverse events (respiratory fluoroquinolone compared with macrolide)



1.4.3.1.7 Non-respiratory fluoroquinolone compared with macrolide

Figure 82: Clinical cure at end of treatment

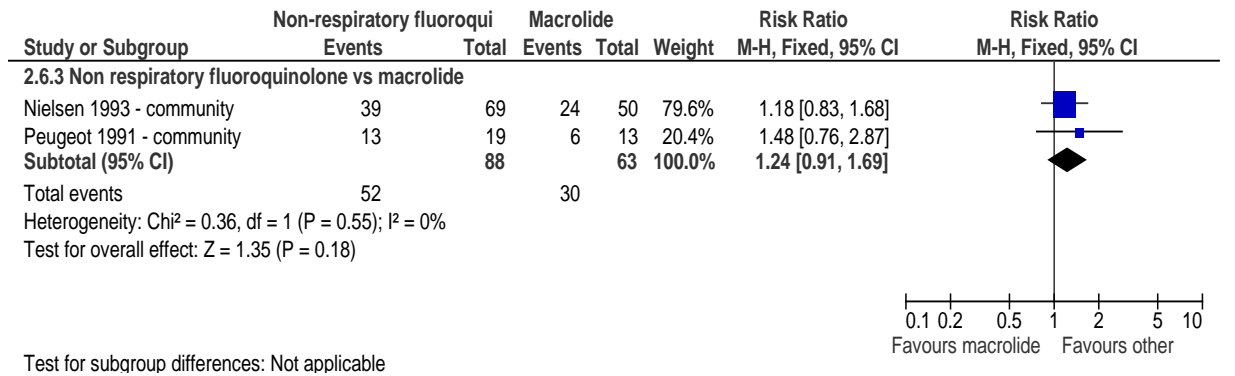
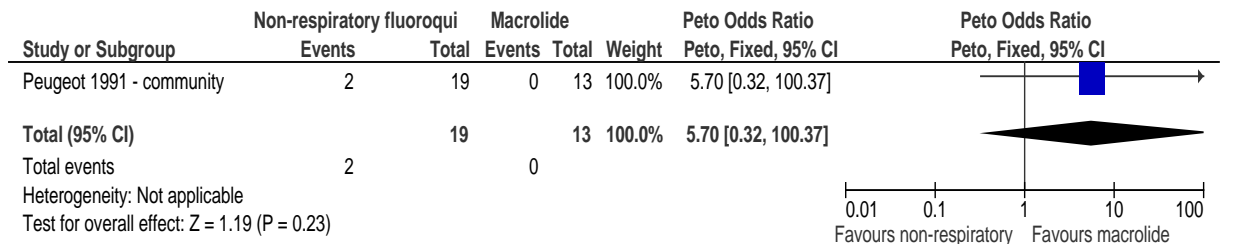


Figure 83: Withdrawal due to adverse events



1.4.3.1.8 Azithromycin compared with other macrolides

Figure 84: Clinical cure at end of treatment (azithromycin compared with clarithromycin)

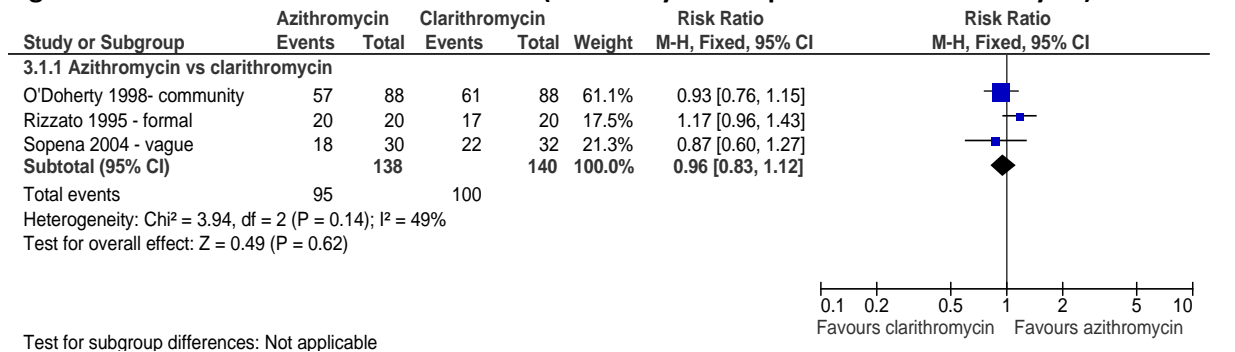


Figure 85: Clinical cure at end of follow-up (azithromycin compared with clarithromycin)

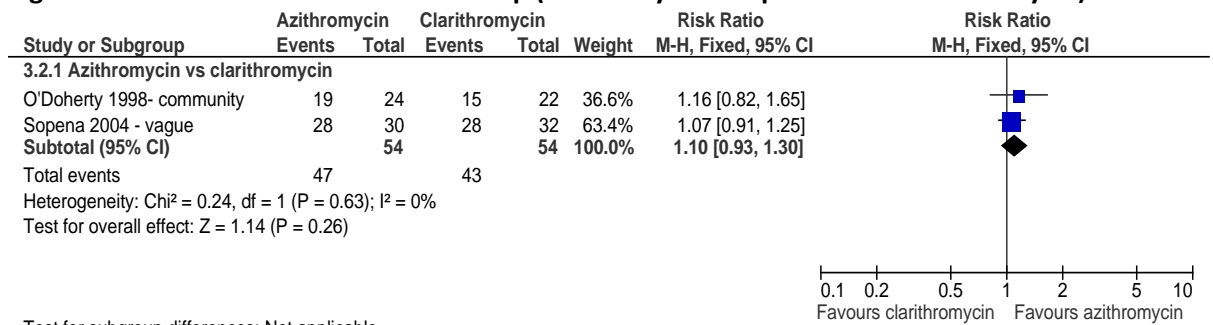


Figure 86: Withdrawal due to adverse events (azithromycin compared with clarithromycin)

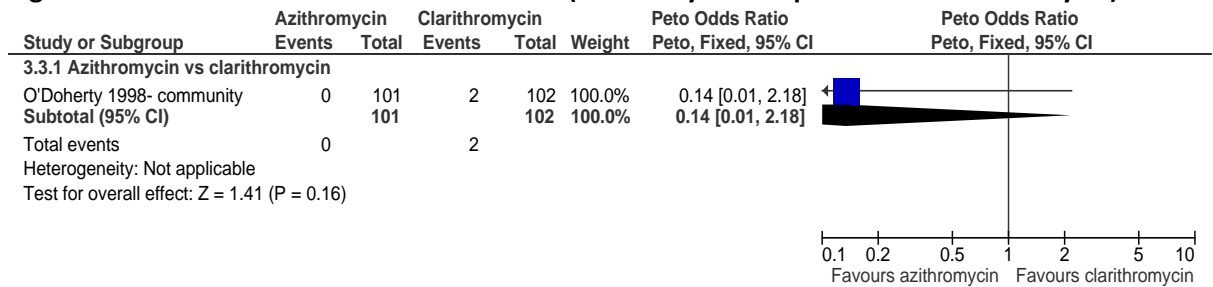
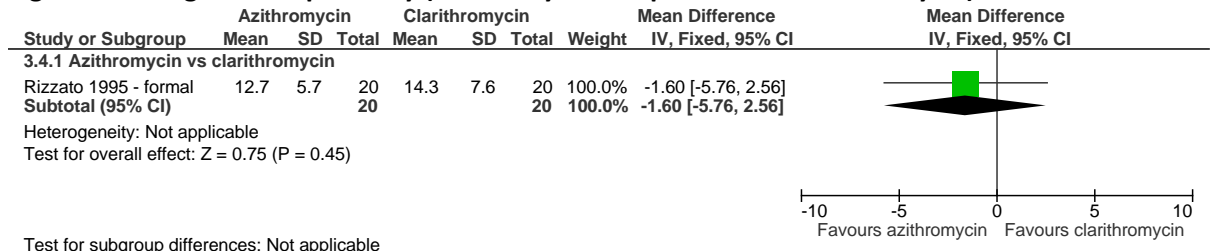


Figure 87: Length of hospital stay (azithromycin compared with clarithromycin)



1.4.3.1.9 Clarithromycin compared with amoxicillin (indirect comparison)

Figure 88: Mortality

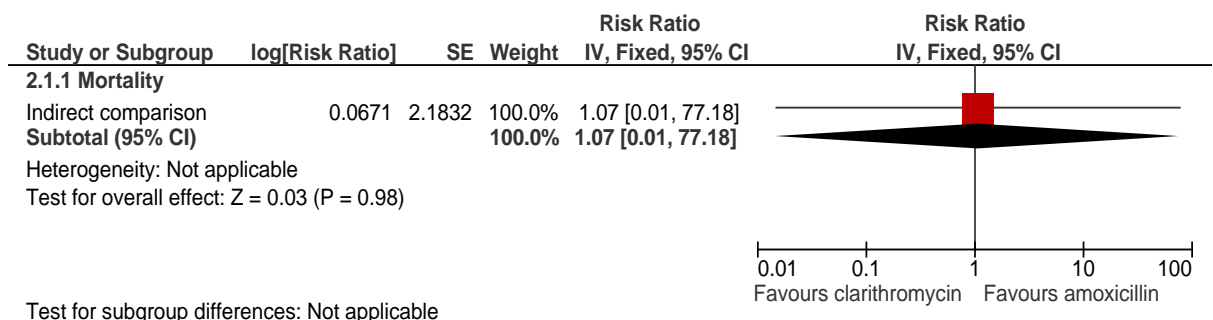


Figure 89: Cure at end of follow up

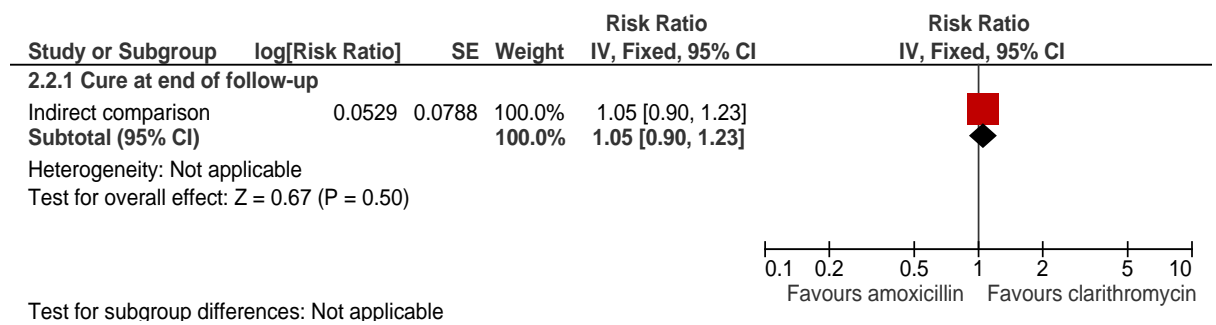
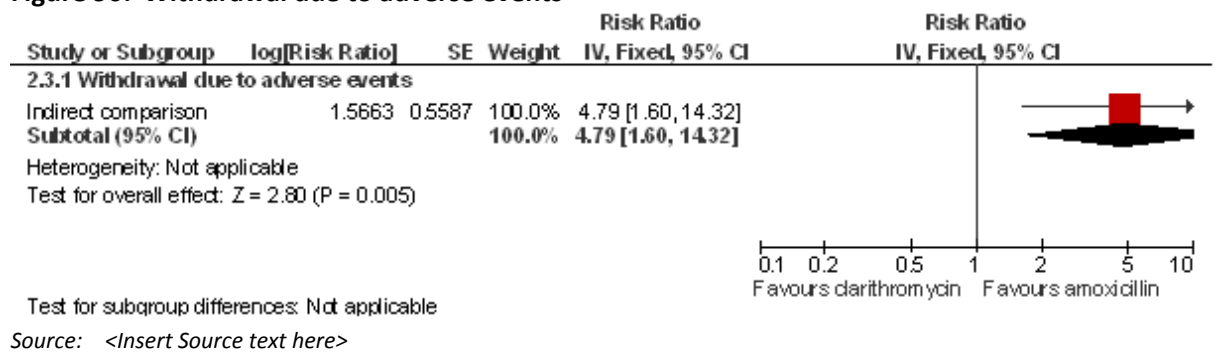


Figure 90: Withdrawal due to adverse events



1.4.4 Low-severity community-acquired pneumonia managed in hospital

1.4.4.1.1 Macrolide compared with narrow-spectrum beta-lactam (class 1)

Figure 91: Clinical cure

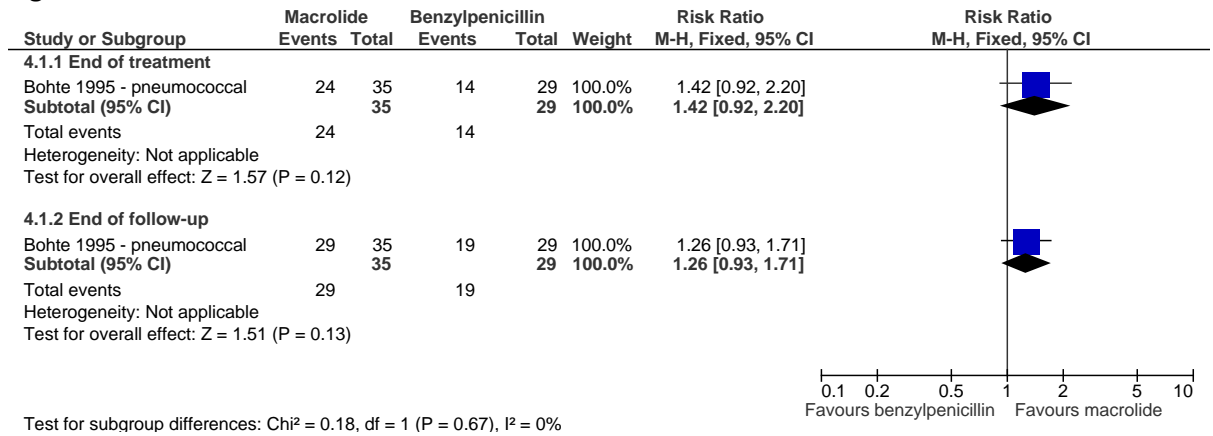
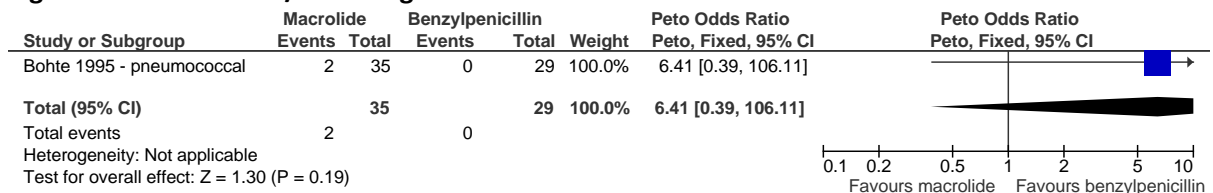


Figure 92: Withdrawal/switching of treatment due to adverse events



1.4.4.1.2 Macrolide compared with beta-lactamase stable penicillin

Figure 93: Mortality

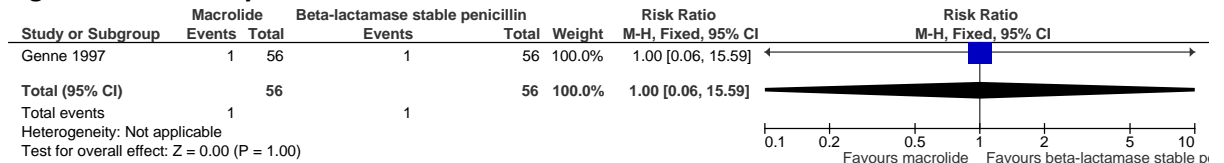


Figure 94: Clinical cure at end of treatment

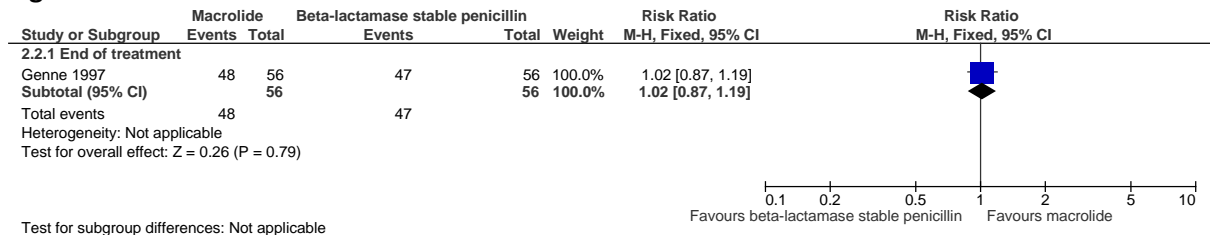
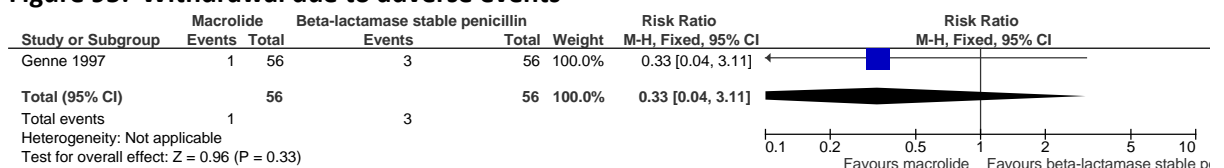


Figure 95: Withdrawal due to adverse events



1.4.4.1.3 **Azithromycin compared with other macrolide**

Figure 96: Mortality (during treatment)

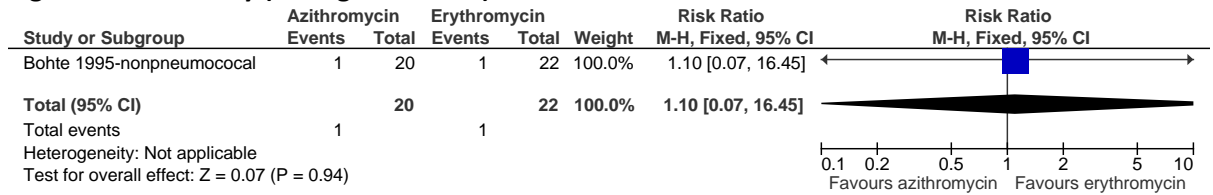


Figure 97: Clinical cure

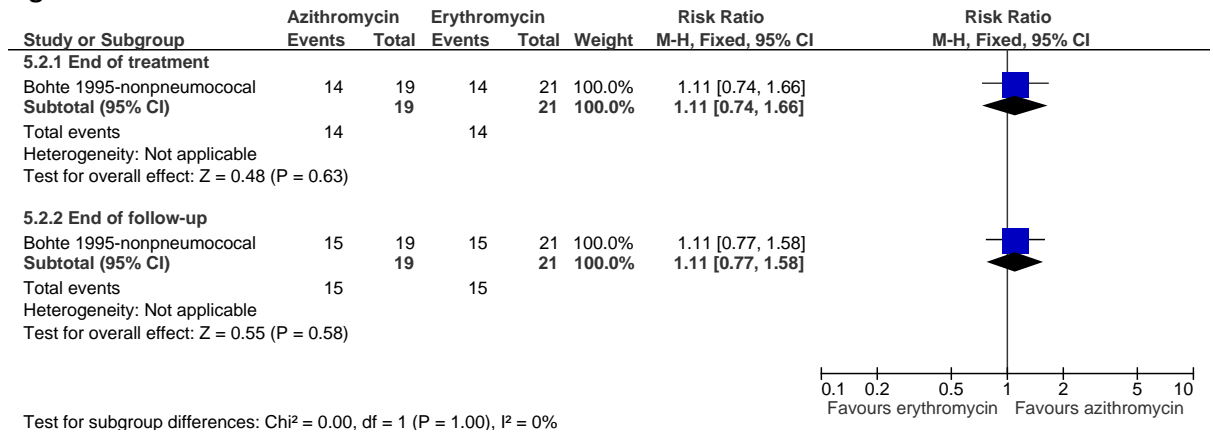
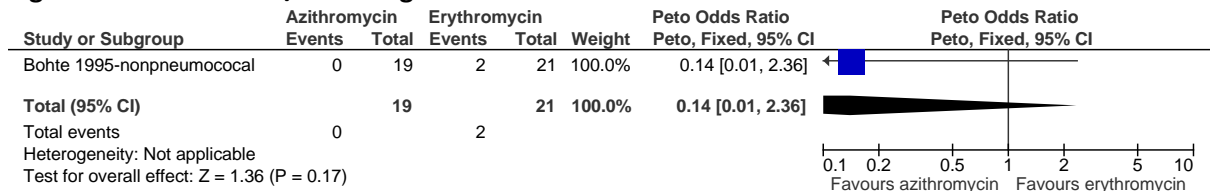


Figure 98: Withdrawal/switching of treatment due to adverse events



1.4.4.1.4 **Cephalosporin compared with beta-lactamase stable penicillin**

Figure 99: Clinical cure

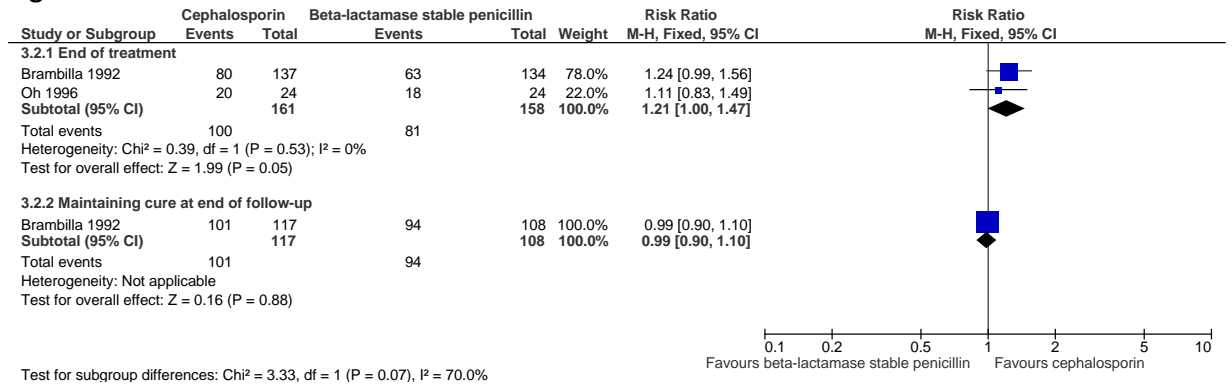
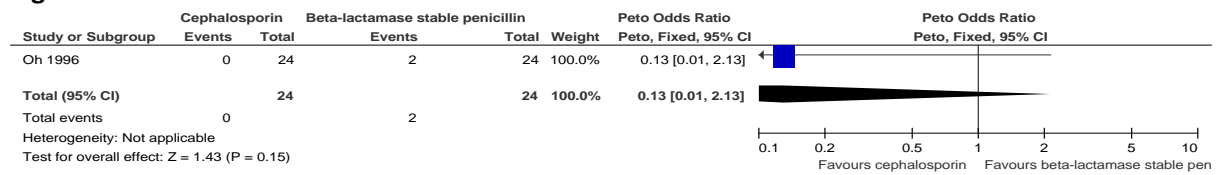
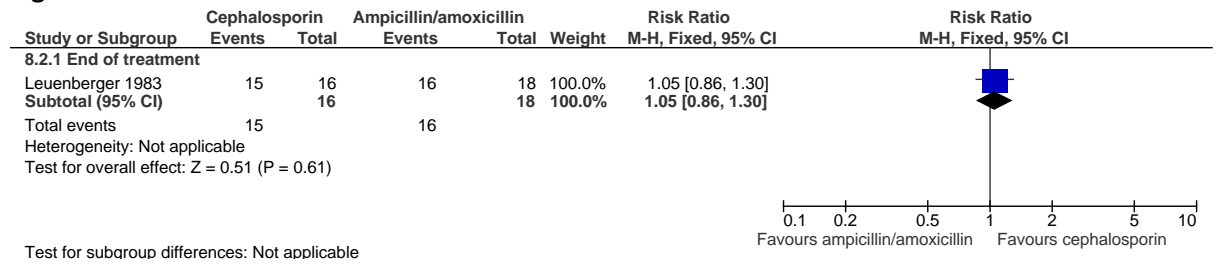


Figure 100: Treatment discontinuation due to adverse events



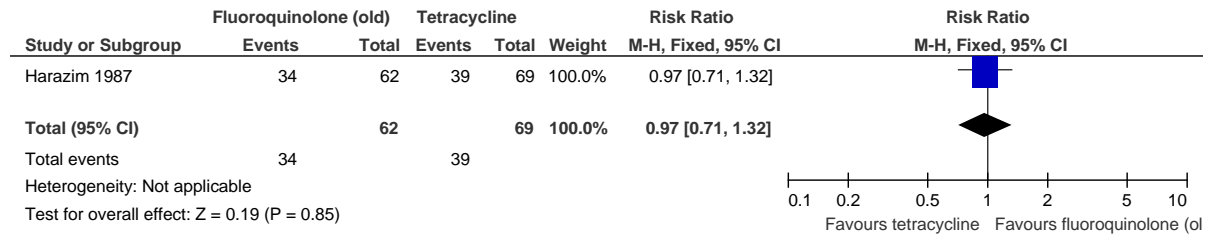
1.4.4.1.5 Cephalosporin compared with narrow-spectrum beta-lactam (class 2)

Figure 101: Clinical cure



1.4.4.1.6 Non-respiratory fluoroquinolone (FQ) compared with tetracycline

Figure 102: Clinical cure at end of treatment



1.4.4.1.7 **Macrolide compared with narrow-spectrum beta-lactam (class 1)**

Figure 103: Clinical cure

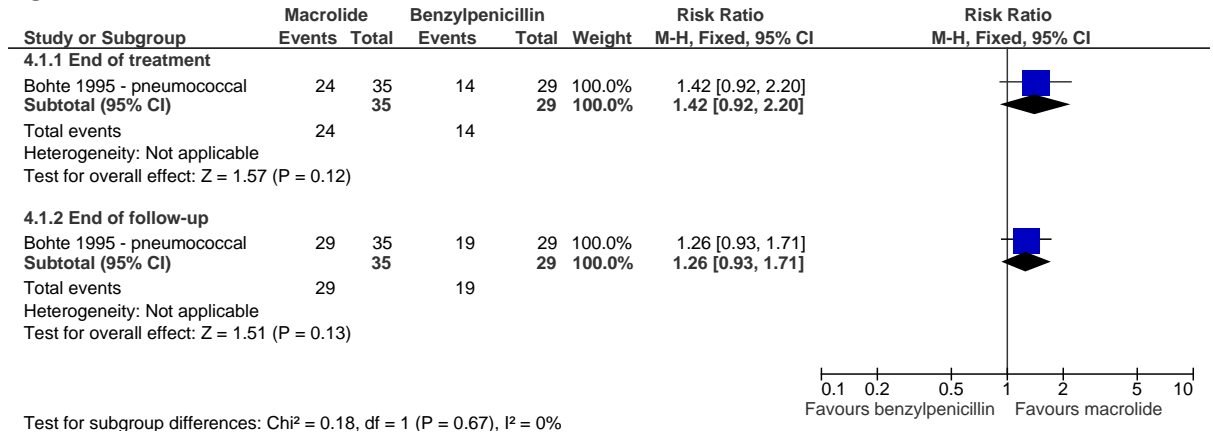
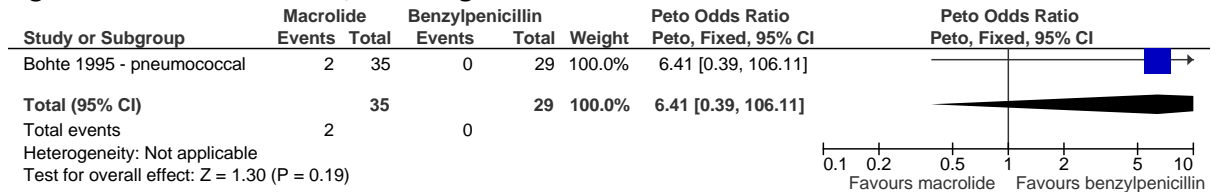


Figure 104: Withdrawal/switching of treatment due to adverse events



1.4.4.2 **Single- compared with dual-antibiotic therapy**

1.4.4.2.1 **Macrolide compared with macrolide plus cephalosporin**

Figure 105: CAP-related mortality

No forest plot available

Figure 106: Treatment failure

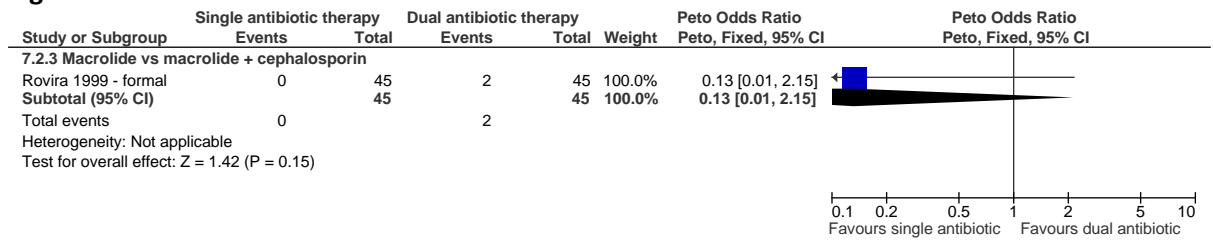
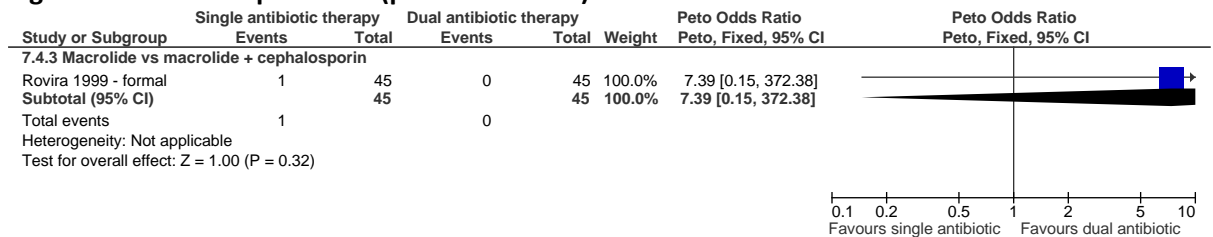


Figure 107: Complications (pleural effusion)



1.4.4.2.2 Respiratory fluoroquinolone compared with cephalosporin plus macrolide (azithromycin)

Figure 108: Clinical cure or improvement at end of treatment

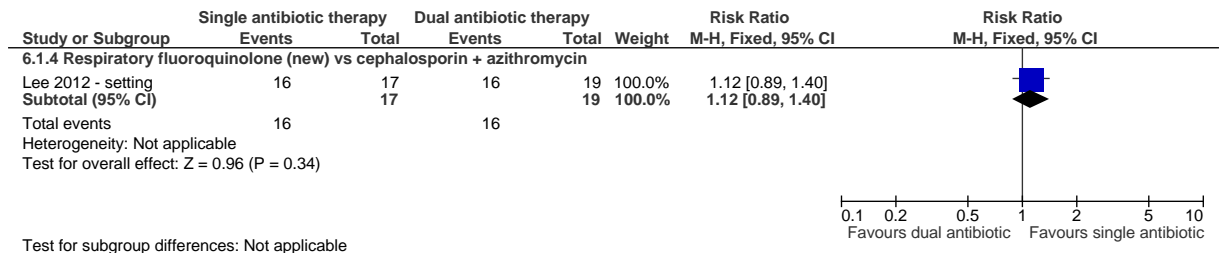


Figure 109: Withdrawal due to adverse events

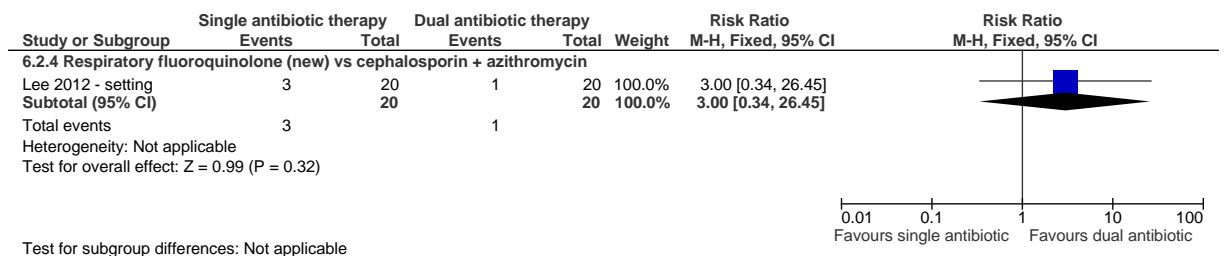
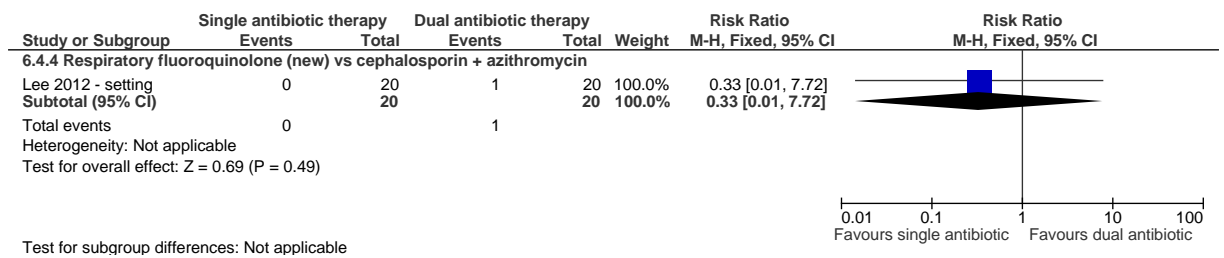


Figure 110: Complications (pleural effusion)



1.4.5 Moderate- to high-severity community-acquired pneumonia

1.4.5.1 Single- compared with other single-antibiotic therapy

1.4.5.1.1 Cephalosporin compared with beta-lactamase stable penicillin

Figure 111: All-cause mortality

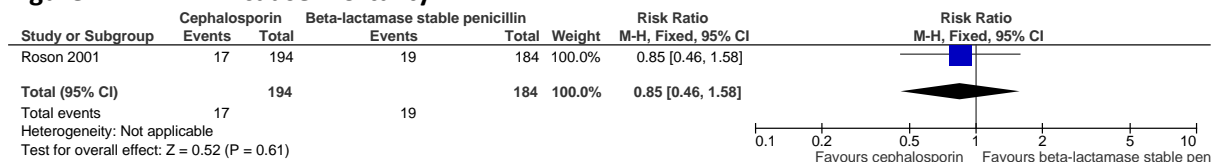


Figure 112: Clinical cure

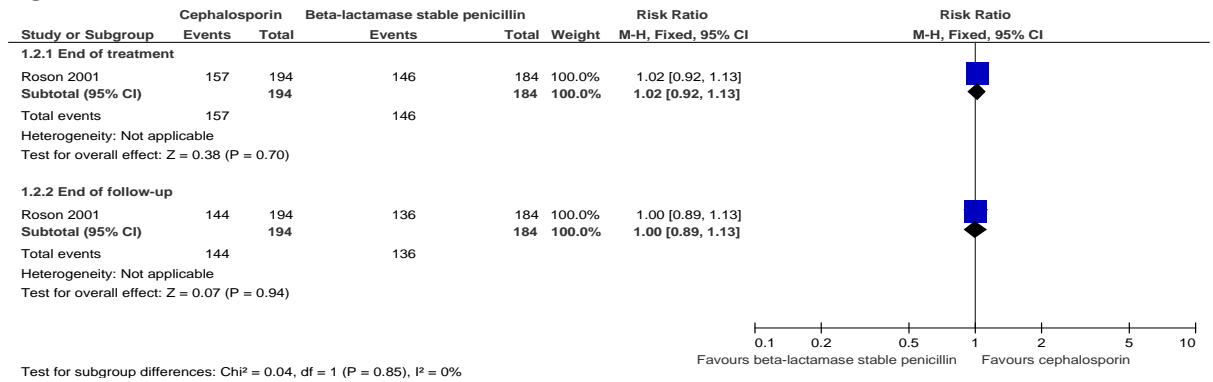


Figure 113: ITU admission

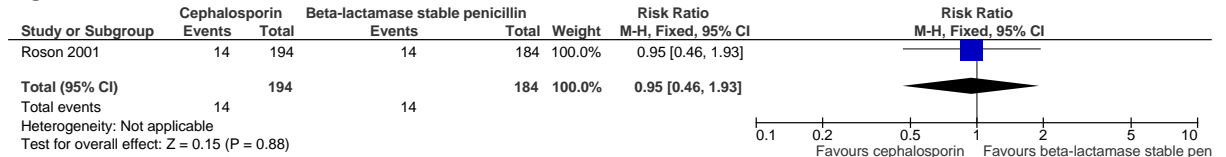


Figure 114: Length of hospital stay

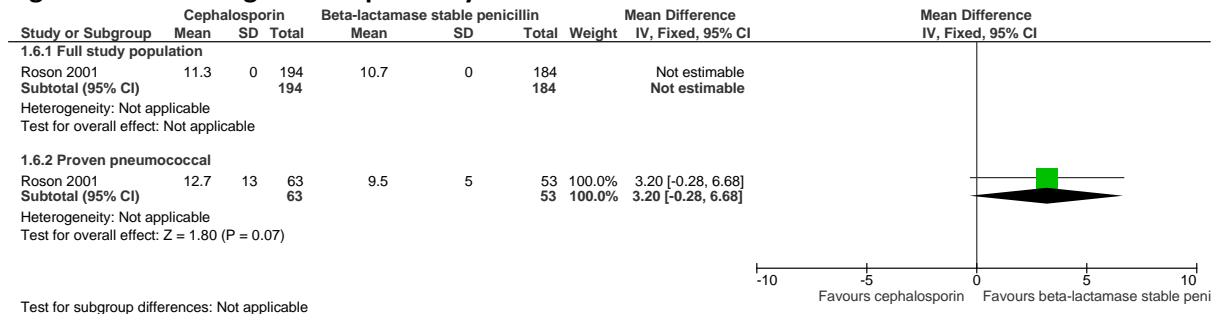
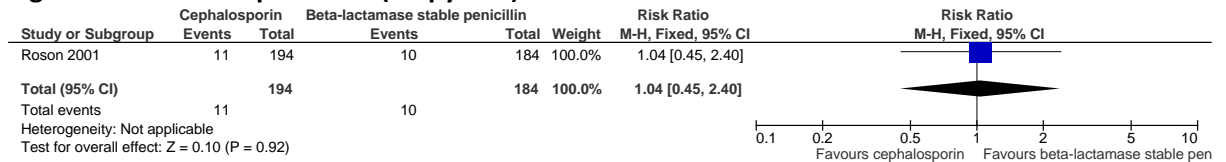


Figure 115: Complications (empyema)



1.4.5.1.2 Cephalosporin compared with narrow-spectrum beta-lactam (class 2)

Figure 116: Mortality



Figure 117: Clinical cure

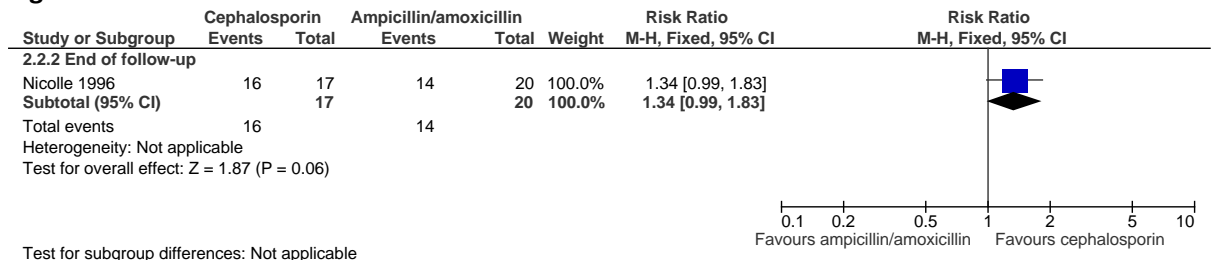
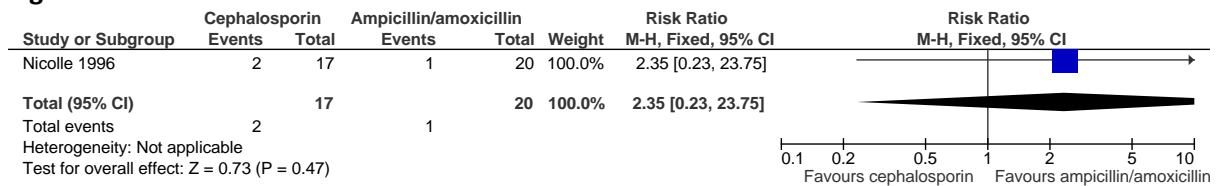


Figure 118: C. difficile-associated diarrhoea



1.4.5.2 Single- compared with dual-antibiotic therapy

1.4.5.2.1 Macrolide compare with macrolide plus cephalosporin

Figure 119: All-cause mortality

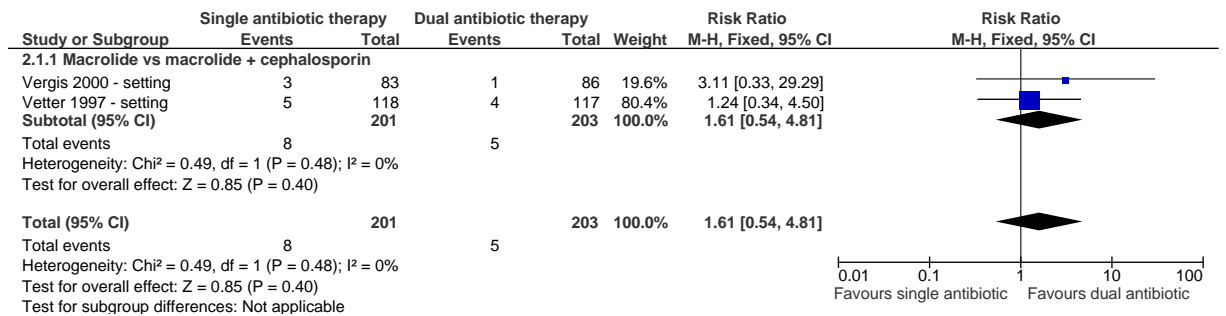


Figure 120: Clinical cure at end of treatment

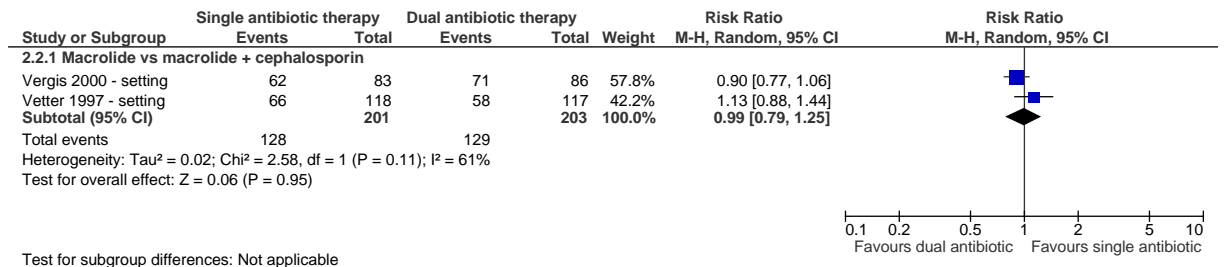


Figure 121: Clinical cure at end of follow-up

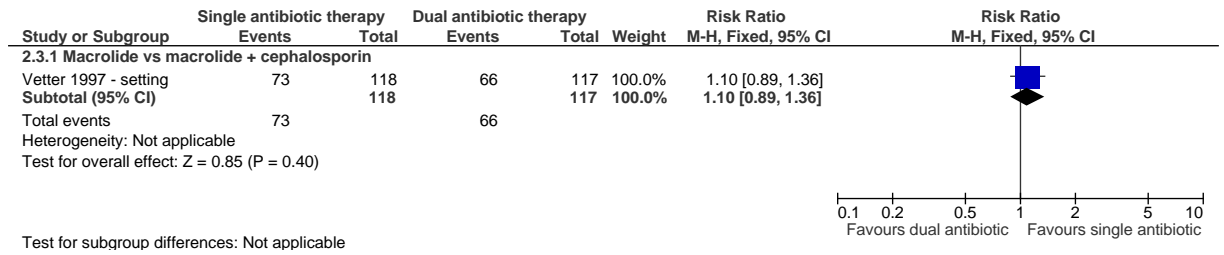


Figure 122: Withdrawal due to adverse events

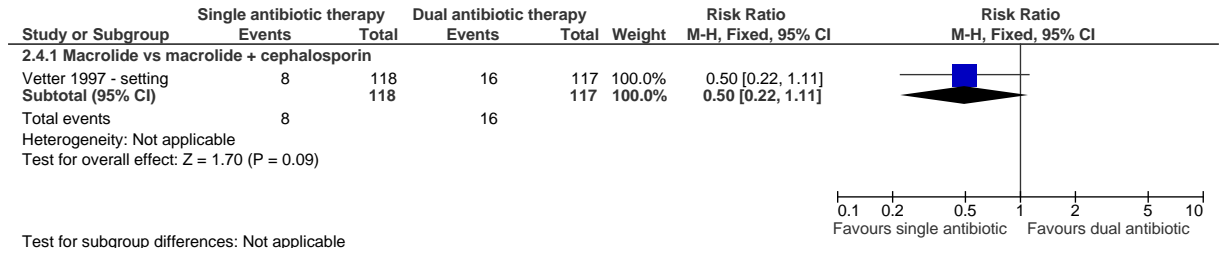
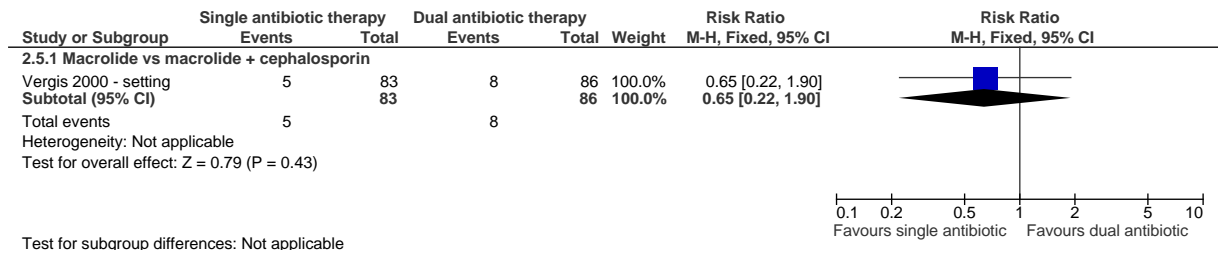


Figure 123: ITU admission



1.4.5.2.2 Respiratory fluoroquinolone compare with cephalosporin plus macrolide

Figure 124: All-cause mortality

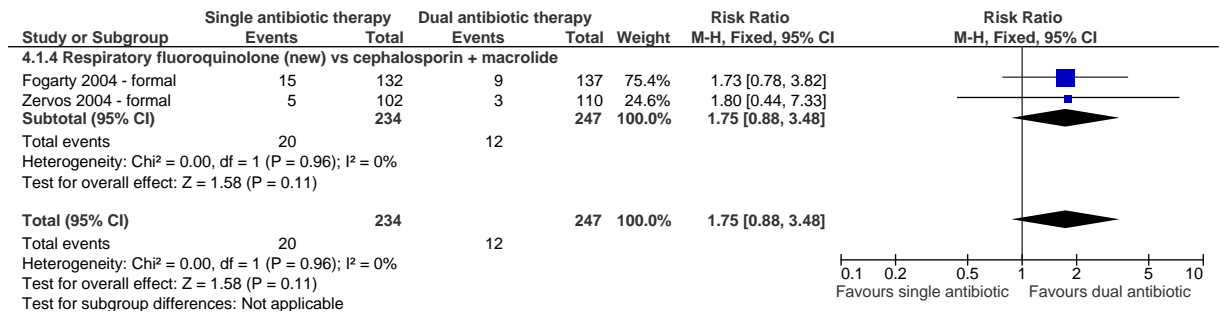


Figure 125: Clinical cure or improvement at end of treatment

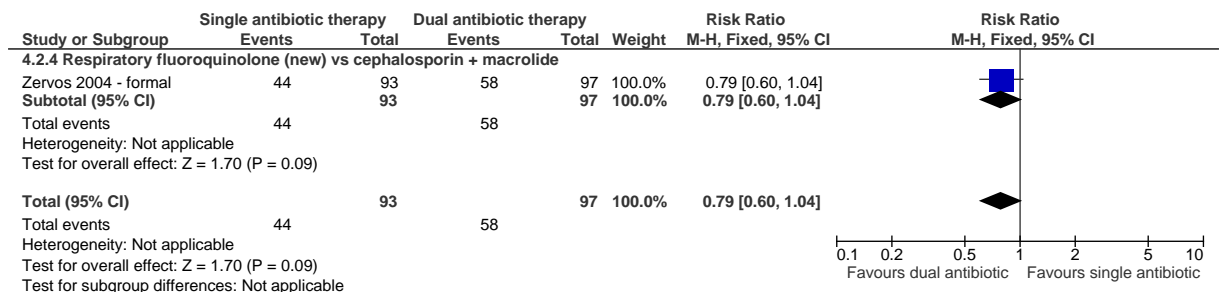


Figure 126: Clinical cure or improvement at end of follow up

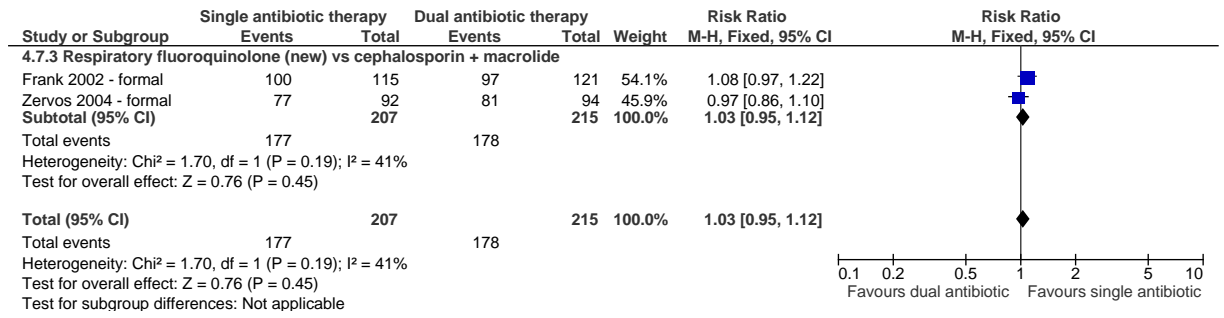


Figure 127: Withdrawal due to adverse events

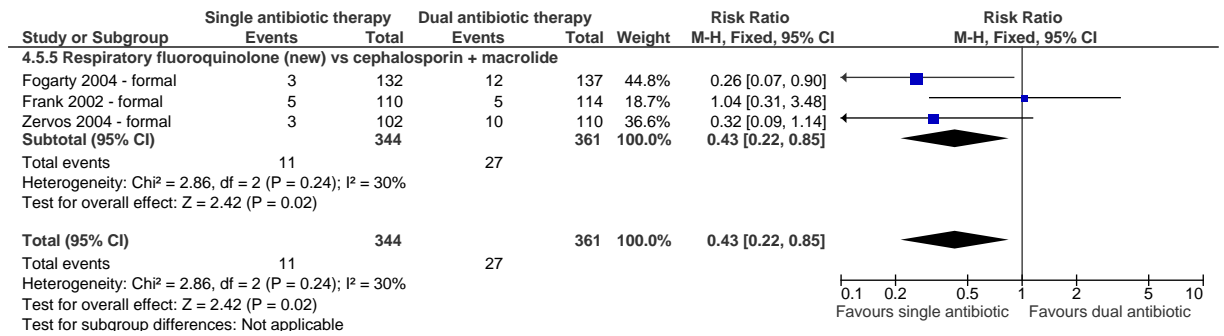
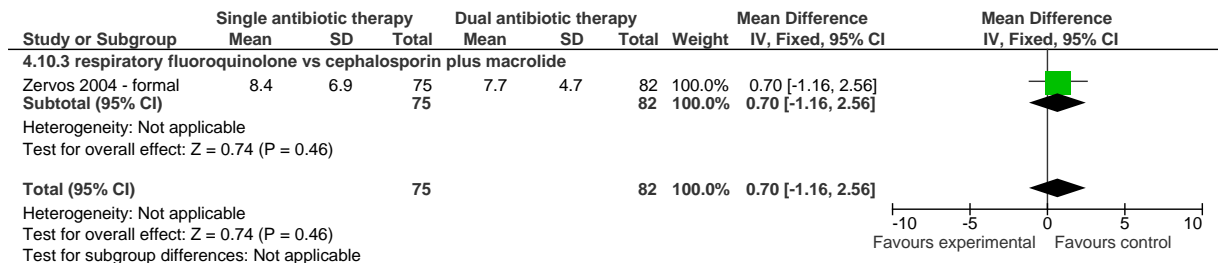


Figure 128: Length of hospital stay



1.4.5.2.3 Respiratory fluoroquinolone compare with beta-lactamase stable penicillin plus macrolide

Figure 129: Clinical cure at end of treatment

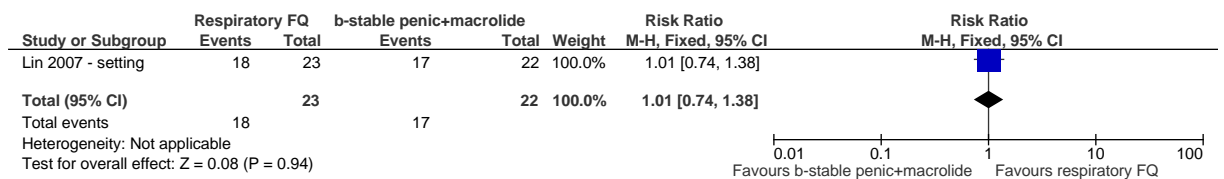


Figure 130: Clinical cure at end of follow-up

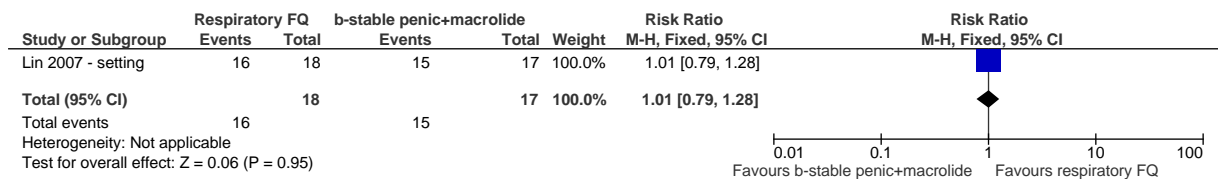
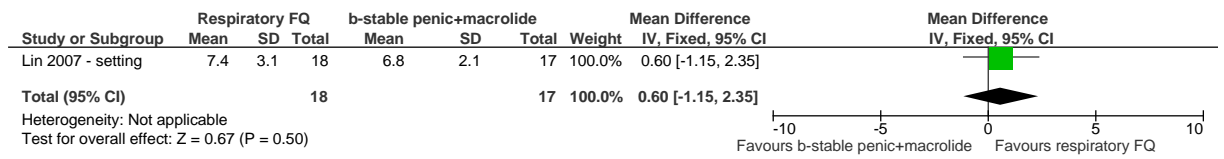


Figure 131: Length of hospital stay



1.4.5.2.4 Respiratory fluoroquinolone compare with cephalosporin plus respiratory fluoroquinolone

Figure 132: All-cause mortality

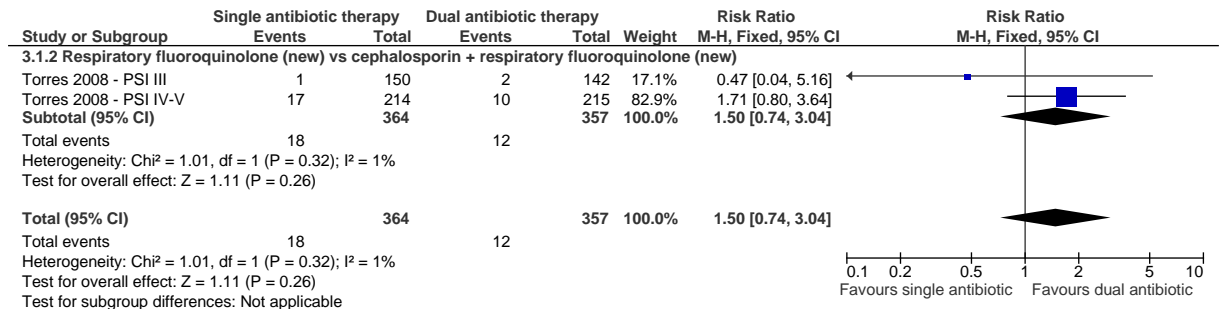


Figure 133: Clinical cure or improvement at end of treatment

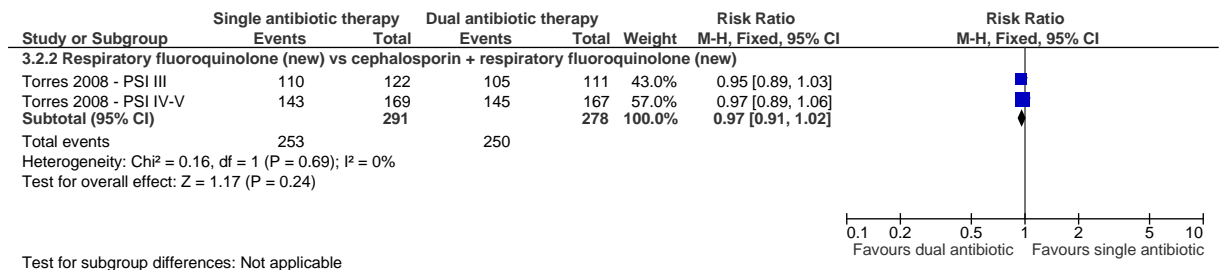


Figure 134: Maintaining clinical cure at end of follow-up

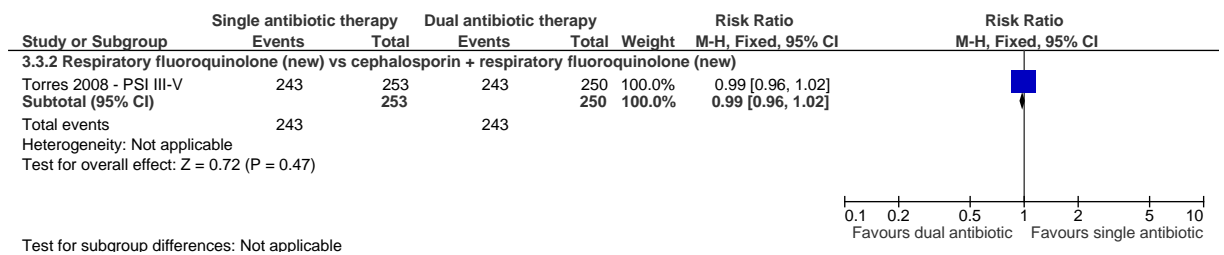
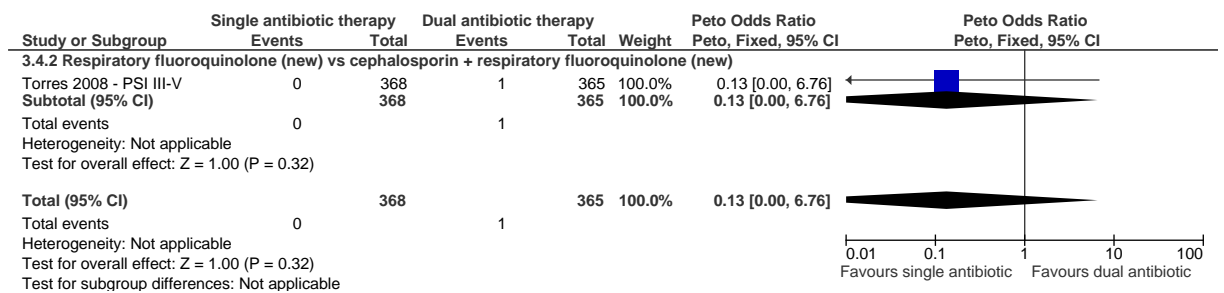


Figure 135: C. difficile-associated diarrhoea



1.4.5.2.5 Respiratory fluoroquinolone compare with cephalosporin plus non-respiratory fluoroquinolone

Figure 136: All-cause mortality

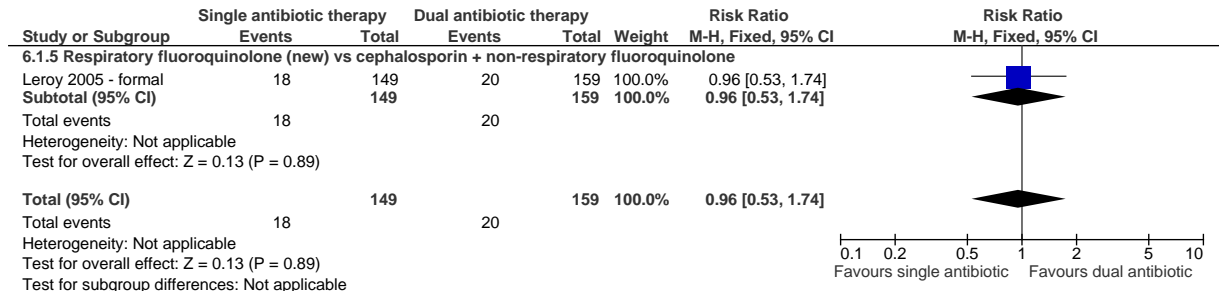


Figure 137: Clinical cure at end of treatment

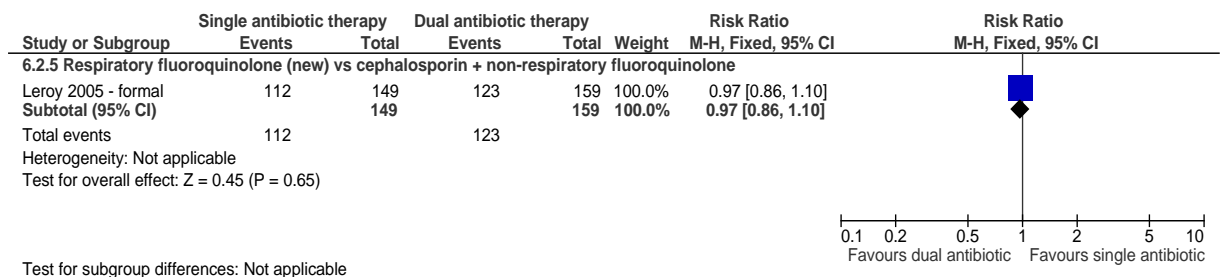


Figure 138: Clinical cure at follow-up

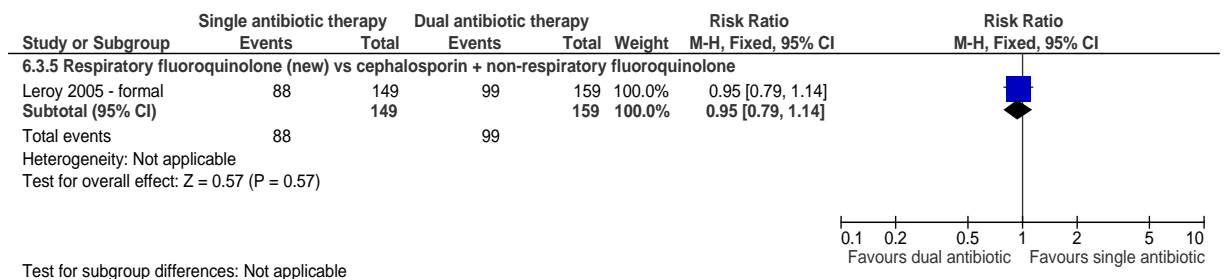


Figure 139: Withdrawal due to adverse events

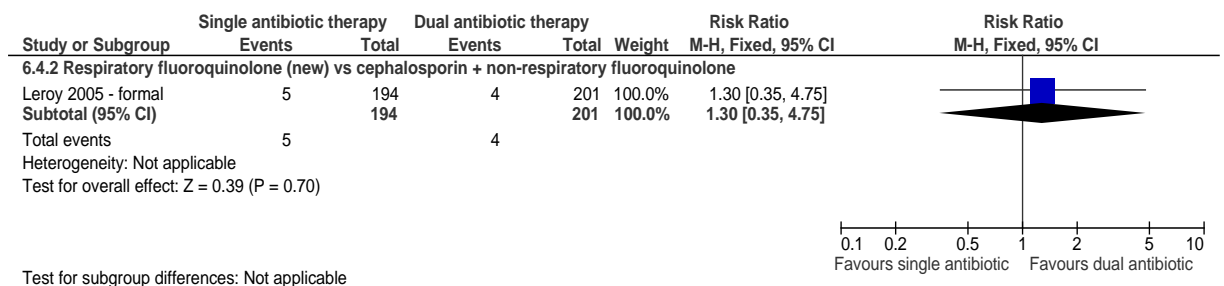
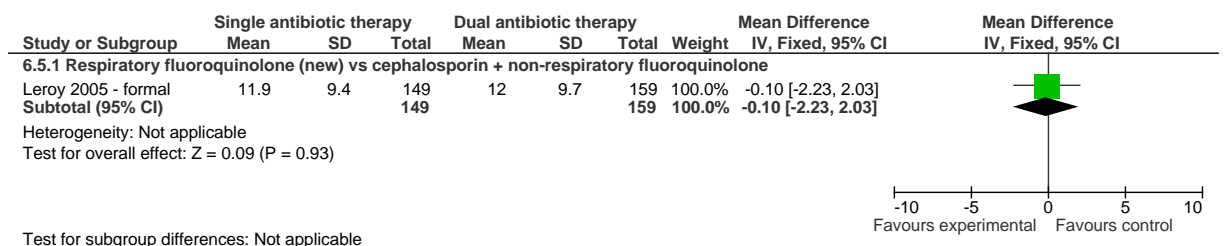


Figure 140: Length of hospital stay



1.4.5.3 Dual-compared with dual-antibiotic therapy

1.4.5.3.1 Non-respiratory fluoroquinolone (FQ) plus narrow spectrum beta-lactam (class 1) compared with macrolide plus beta-lactamase stable penicillin

Figure 141: All-cause mortality

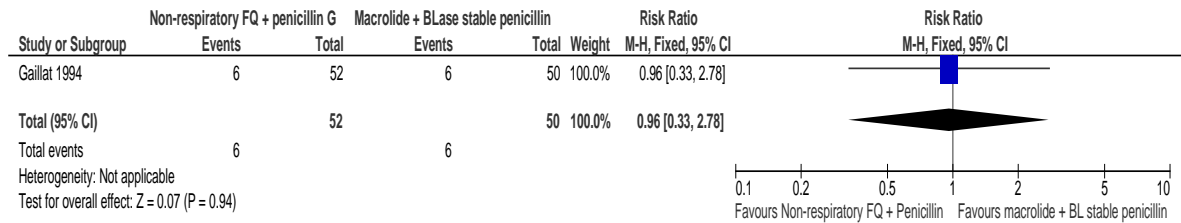


Figure 142: Clinical cure at end of treatment

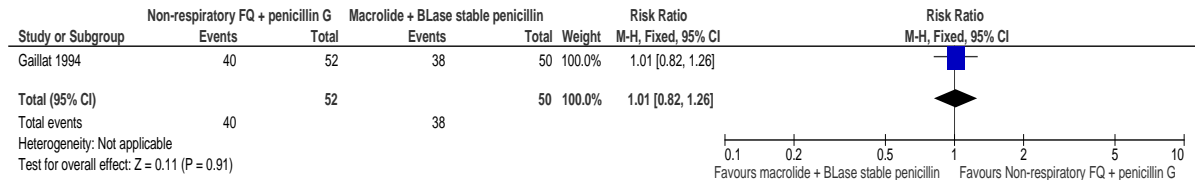
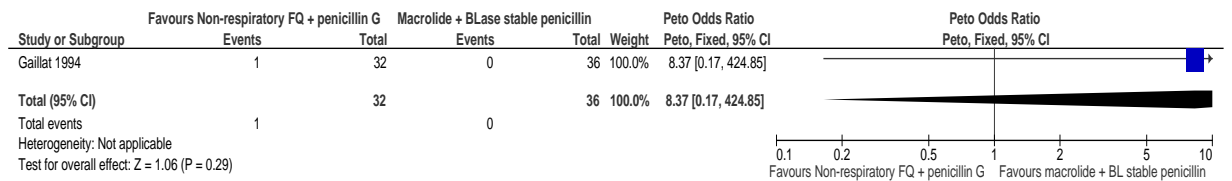


Figure 143: Complications - superinfection



1.4.5.3.2 Azithromycin plus cephalosporin compared with other macrolide plus cephalosporin

Figure 144: Mortality

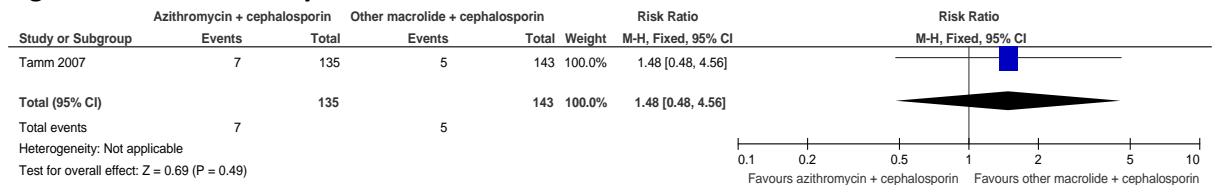


Figure 145: Clinical cure at end of treatment

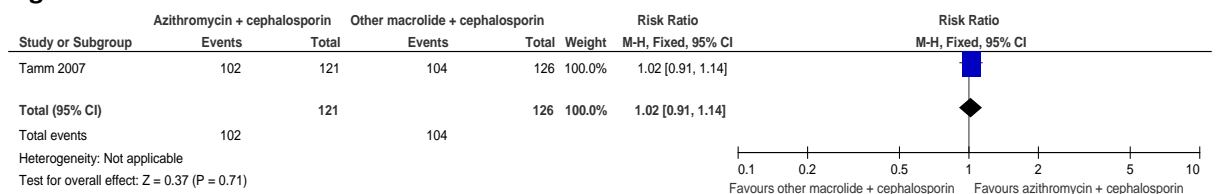


Figure 146: Withdrawal due to adverse events

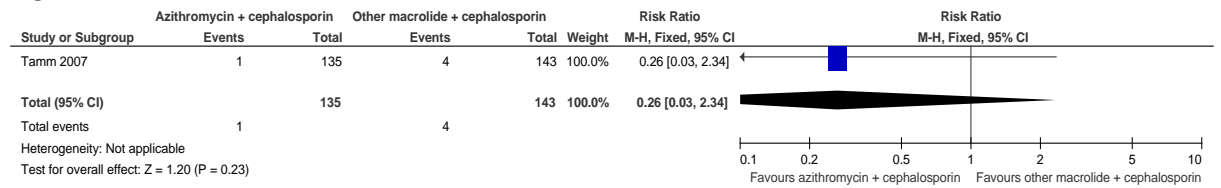
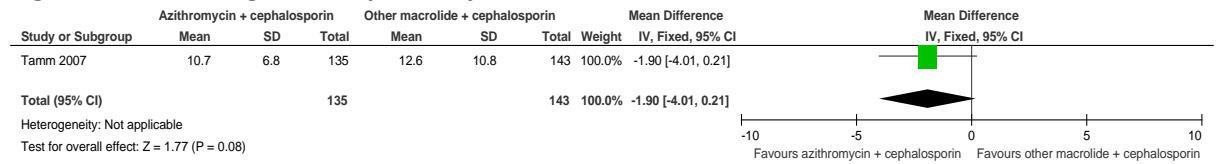


Figure 147: Length of hospital stay



1.4.6 Duration of antibiotic therapy

1.4.6.1 Higher dose of antibiotic therapy with shorter duration compared with lower dose and longer duration of antibiotic therapy

Figure 148: All-cause mortality



Figure 149: Clinical cure (7 to 14 days after therapy)

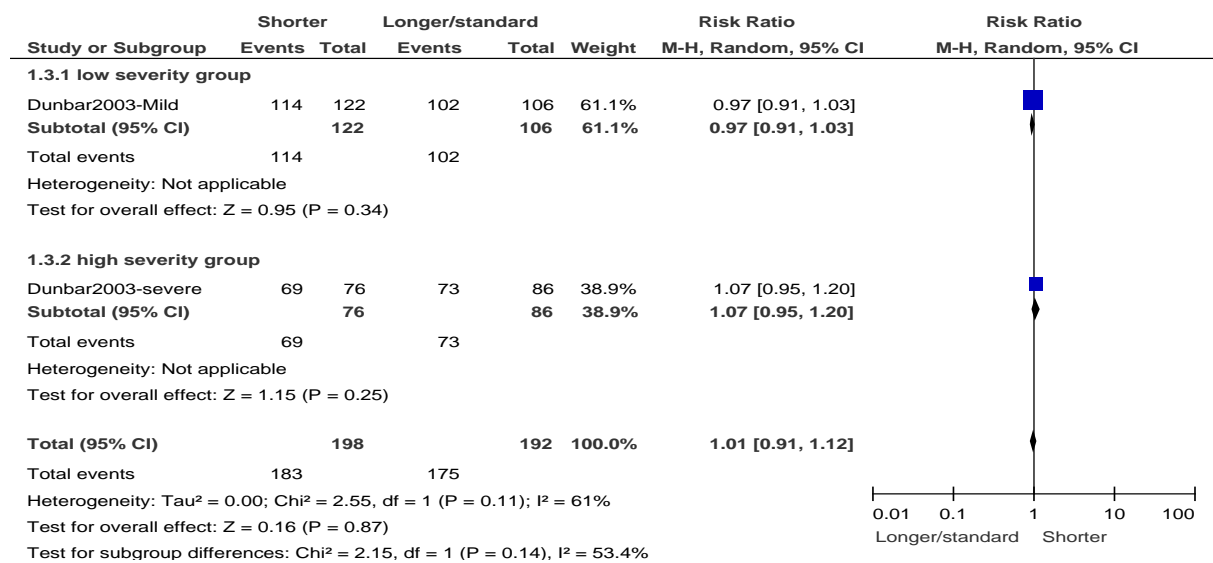


Figure 150: Withdrawal due to treatment-related adverse events



1.4.6.2 Shorter duration compared with longer duration of antibiotic therapy

Figure 151: All-cause 30-day mortality

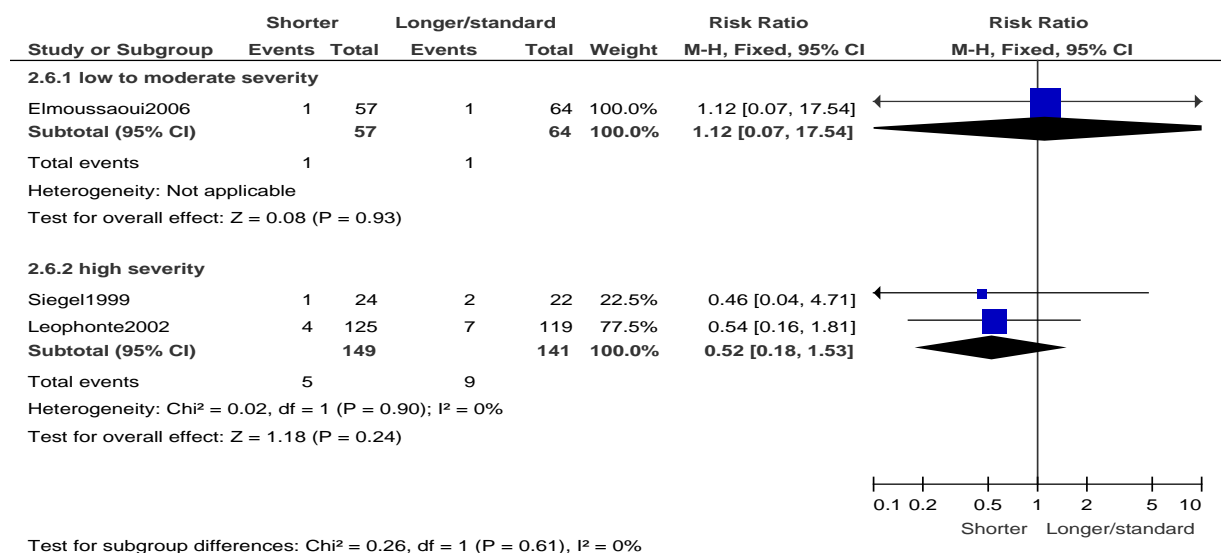


Figure 152: Clinical cure

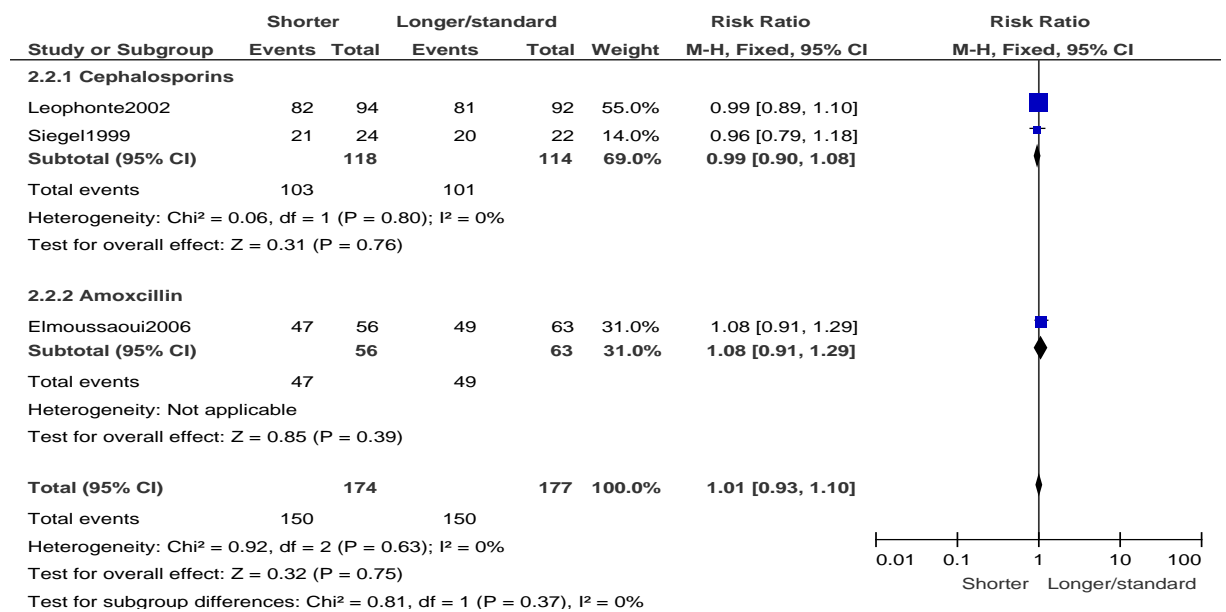


Figure 153: Withdrawal due to adverse events

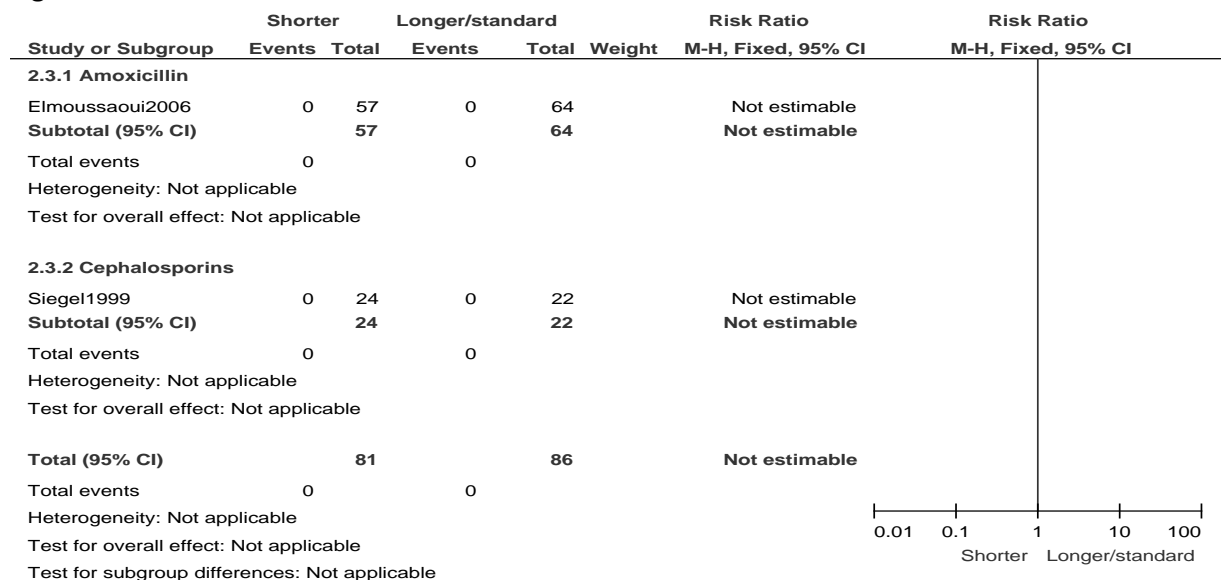


Figure 154: Complications (worsening infection, abscess, metastatic infection, MODS)

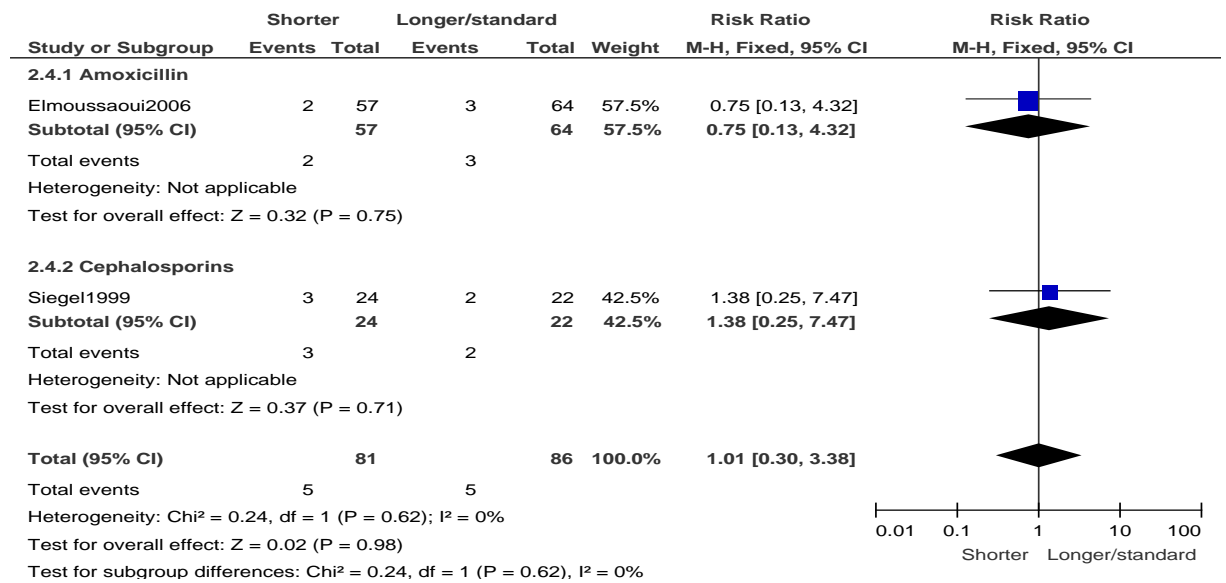
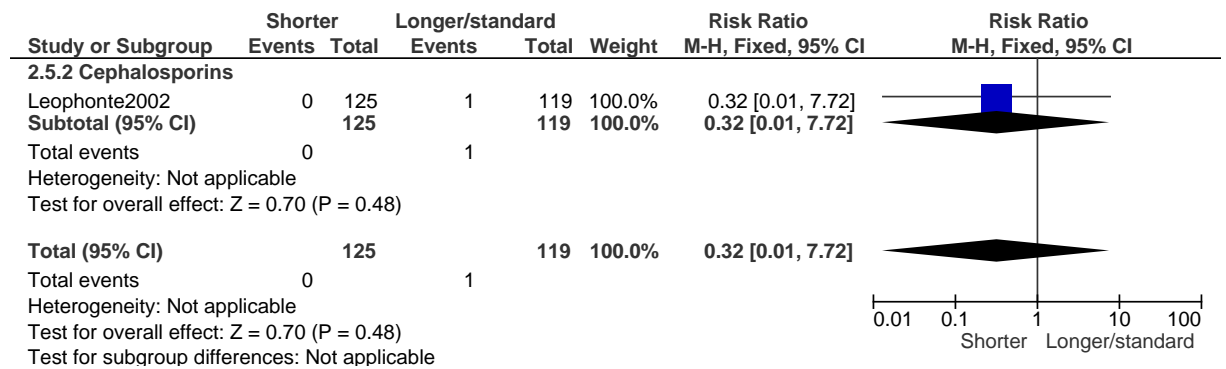


Figure 155: C. difficile-associated diarrhoea



1.5 Glucocorticosteroid treatment

Figure 156: Mortality

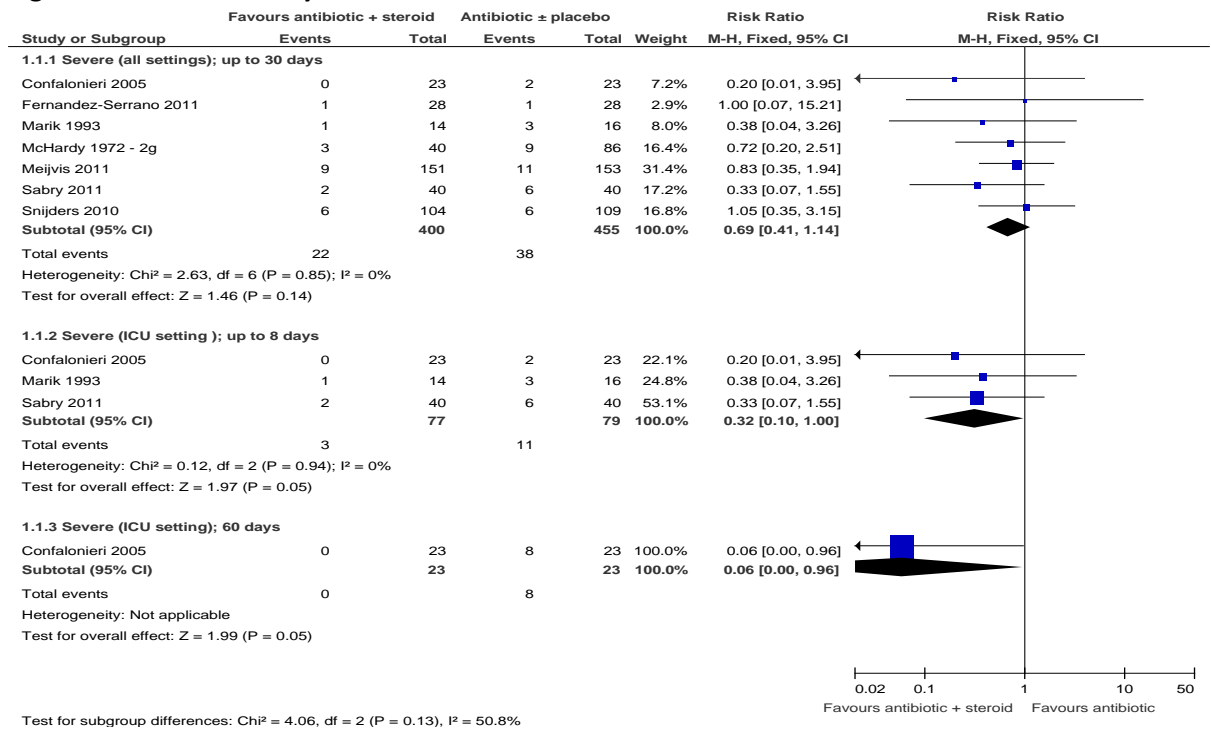


Figure 157: Mechanical ventilation

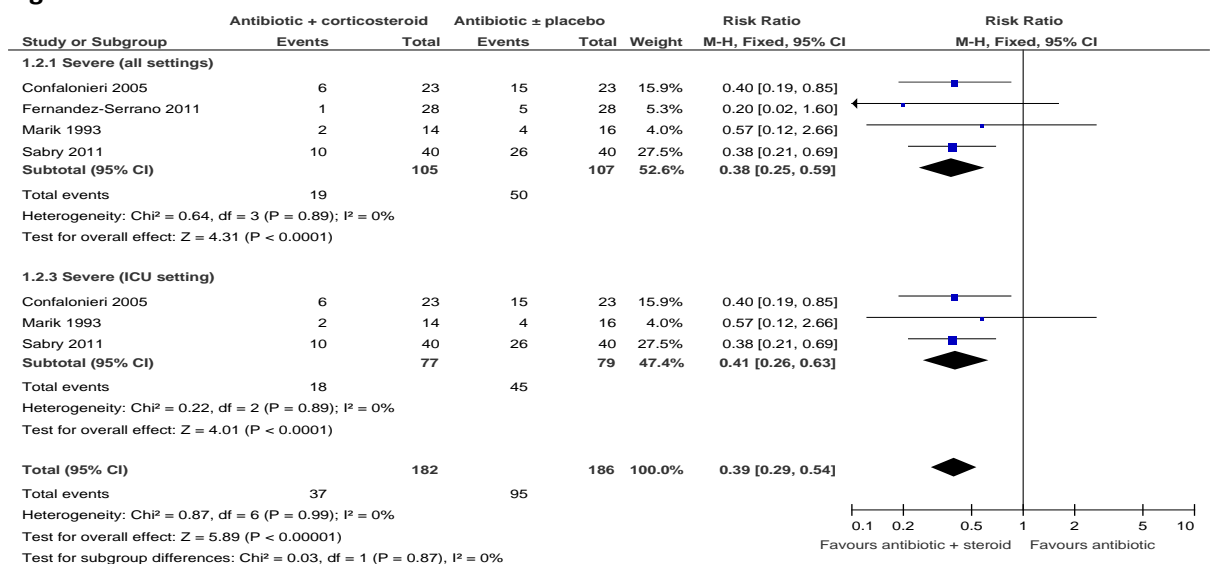


Figure 158: Clinical cure (time to clinical stability)

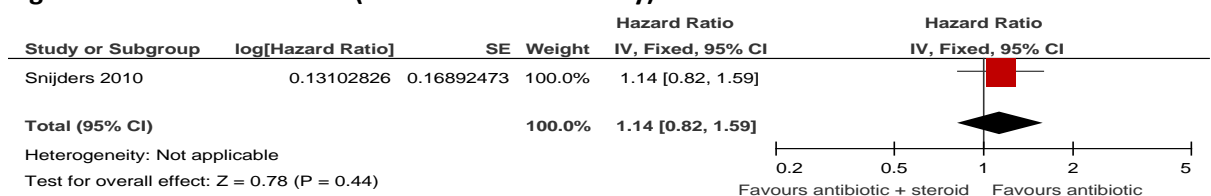


Figure 159: Length of hospital stay

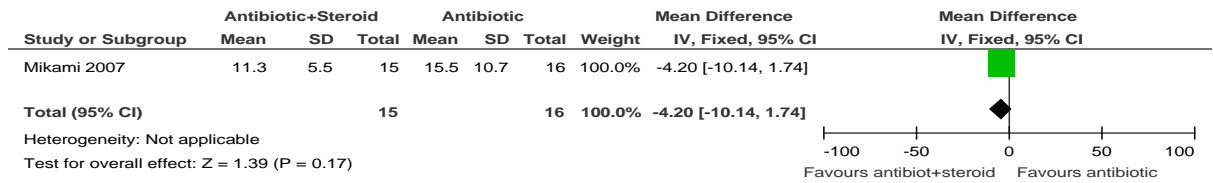


Figure 160: Hyperglycaemia

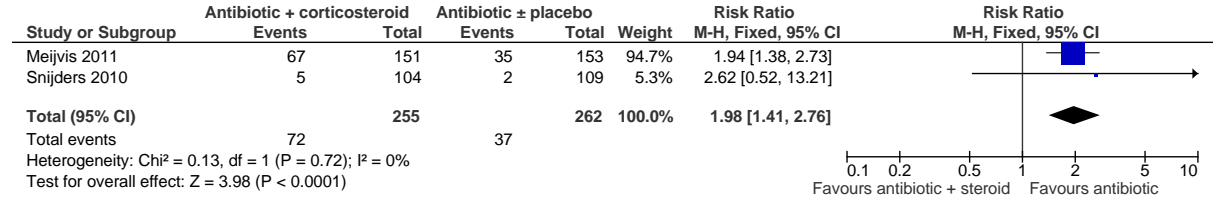
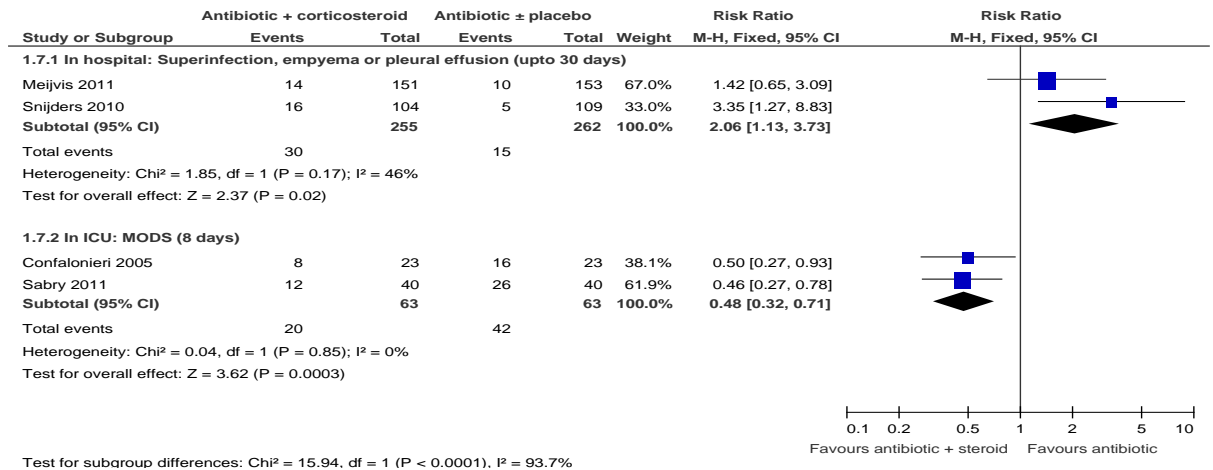


Figure 161: Complications



1.6 Gas exchange

1.6.1 CPAP compared with usual care

Figure 162: Hospital mortality

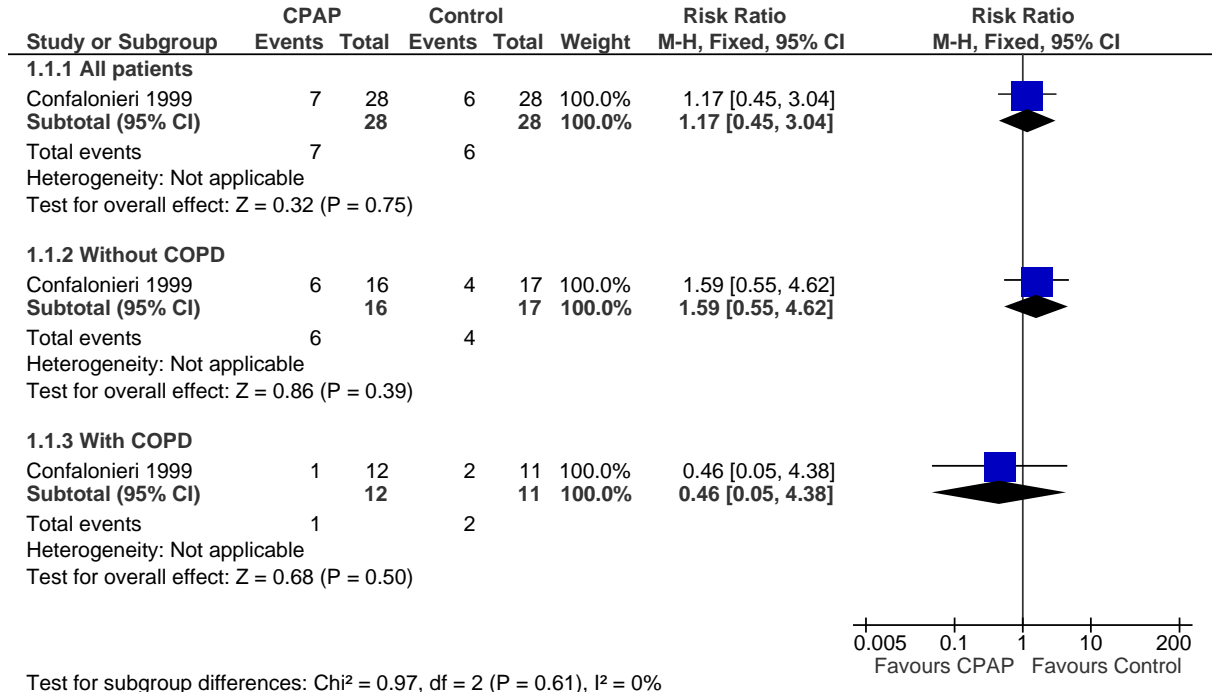


Figure 163: Need for intubation

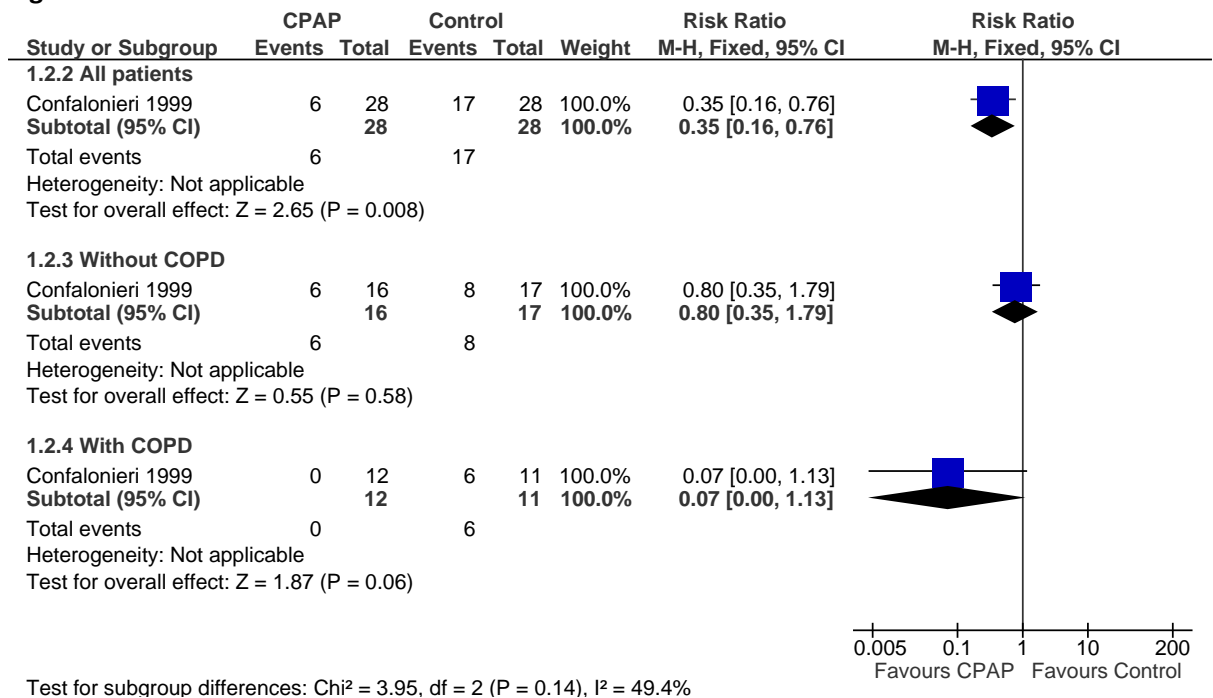


Figure 164: Duration of intubation

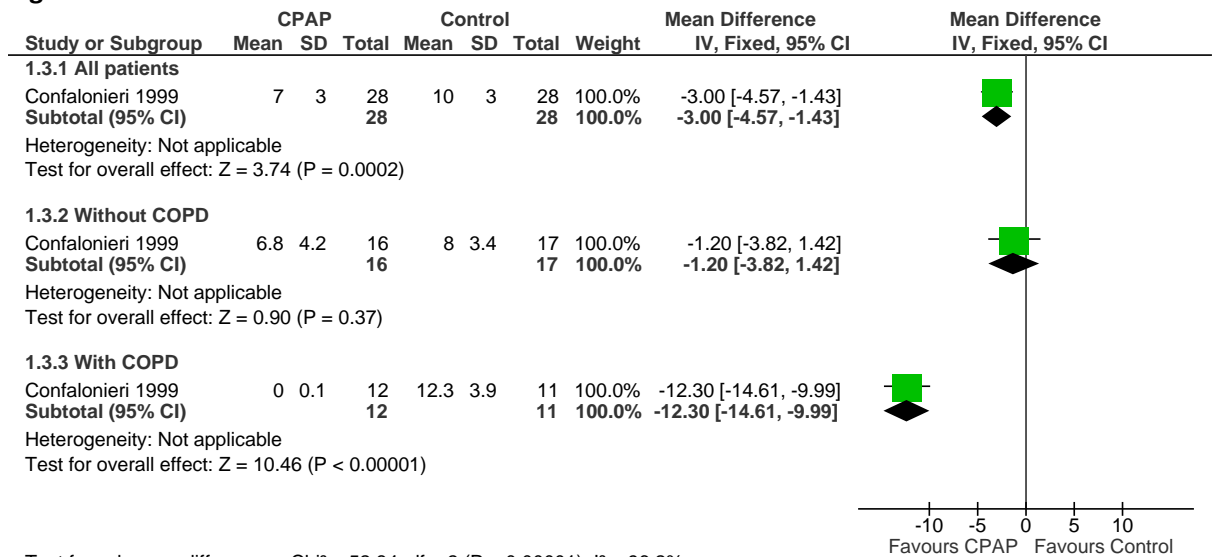


Figure 165: Duration of hospital stay

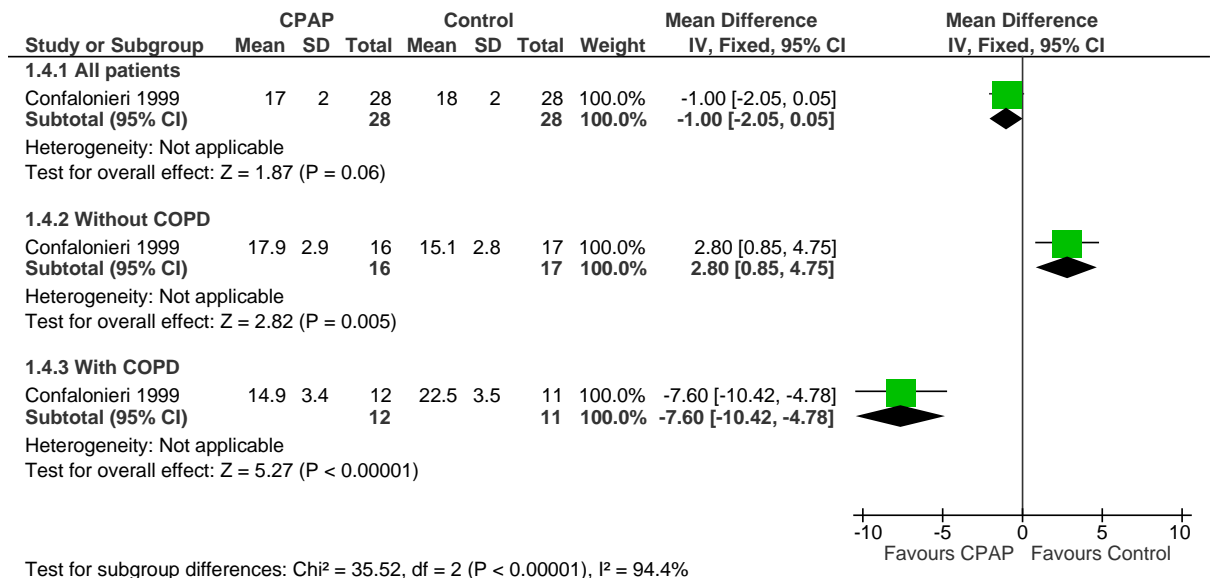


Figure 166: Duration of ITU stay

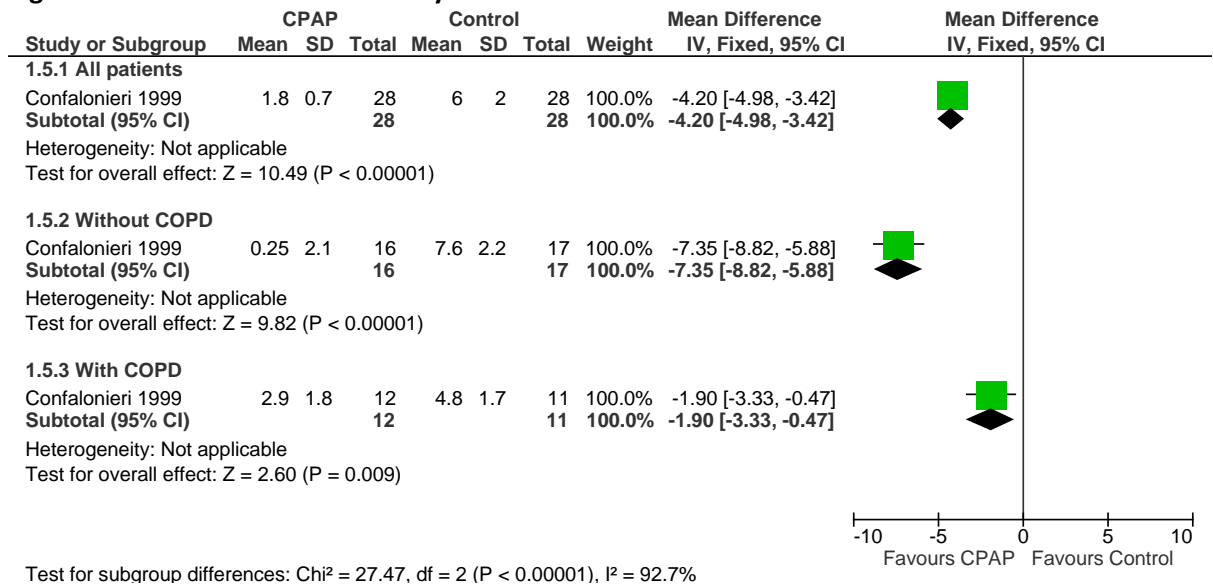
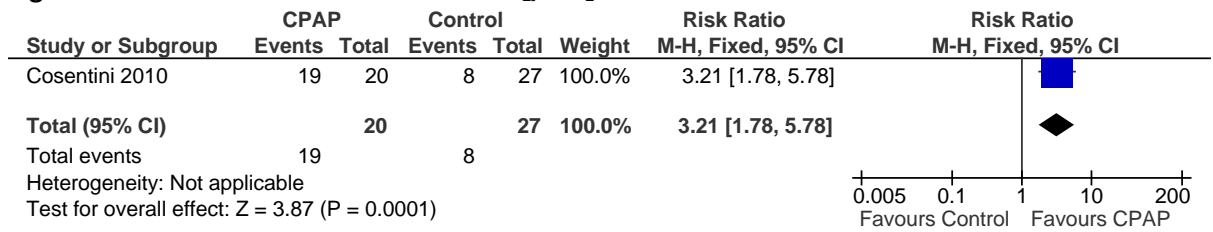


Figure 167: Patients who reached PaO₂/FiO₂ ≥ 315



1.7 Monitoring

1.7.1 PCT to guide antibiotic administration and monitoring decisions compared with standard care (randomised data)

Figure 168: Mortality

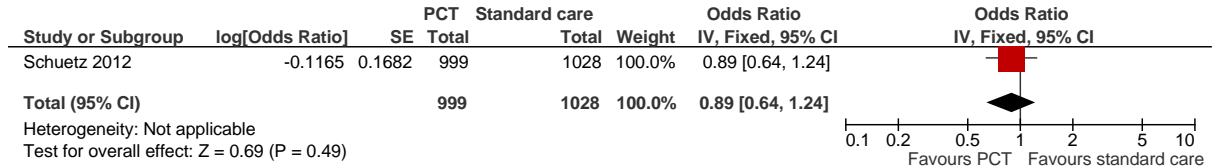


Figure 169: Treatment failure

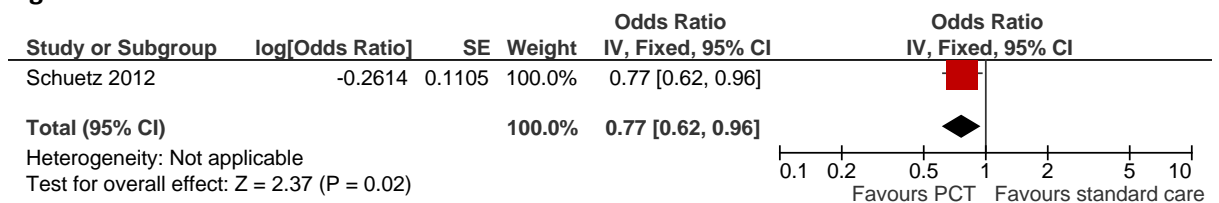


Figure 170: Median duration of antibiotic therapy

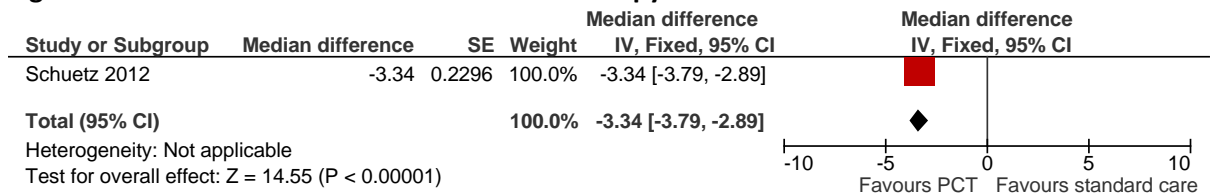
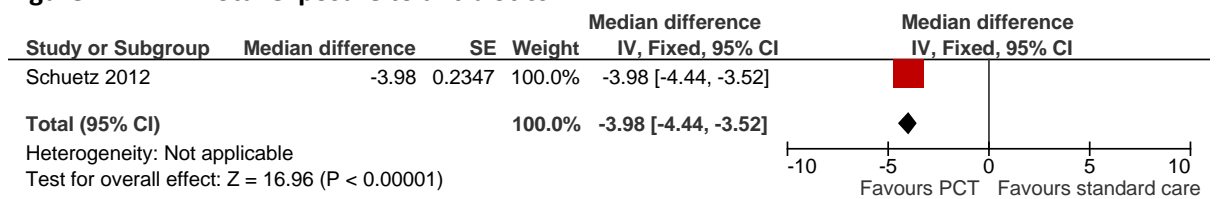


Figure 171: Total exposure to antibiotics



1.7.2 PCT to guide antibiotic administration and monitoring decisions compared with standard care for the subgroup of patients with community-acquired pneumonia who received antibiotic therapy (unpublished data)

Figure 172: Mortality

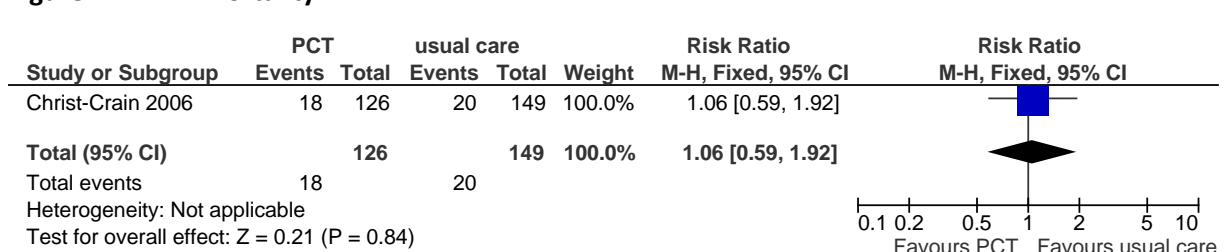


Figure 173: Length of hospital stay

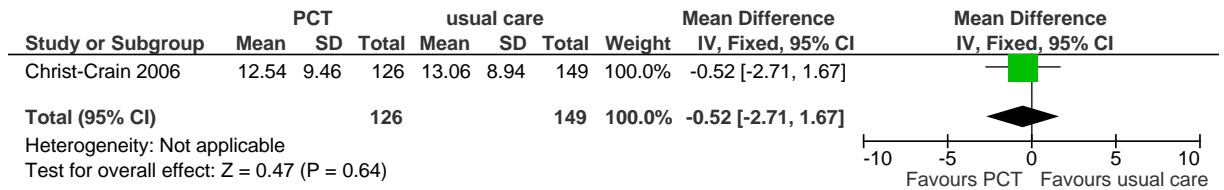


Figure 174: Treatment failure

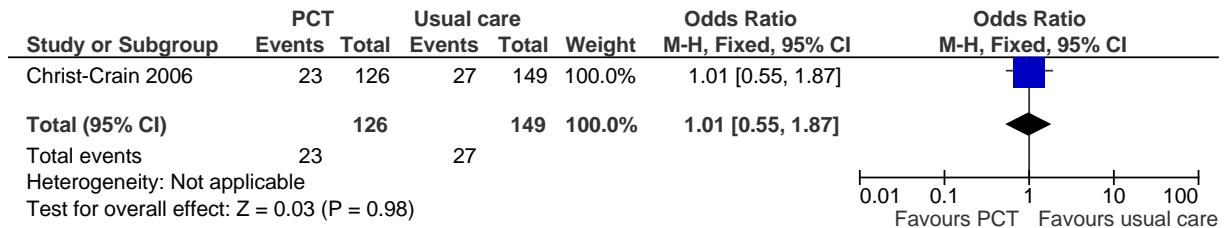


Figure 175: Duration of antibiotics

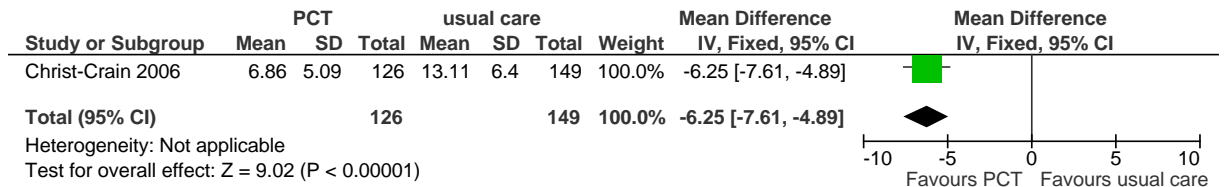
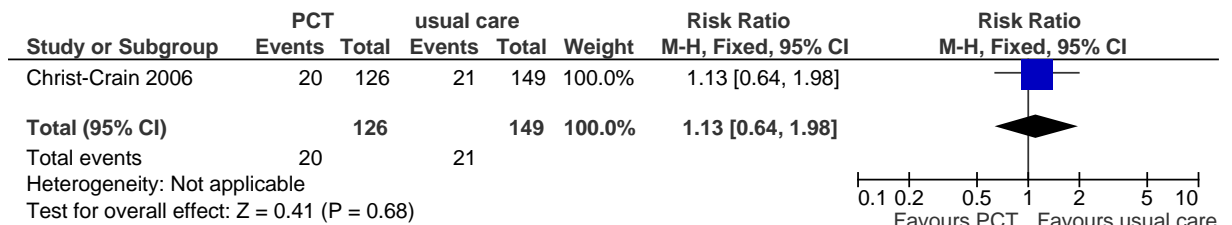


Figure 176: ITU admission



1.7.3 CRP or PCT to guide monitoring decisions (non-randomised data)

Figure 177: Mortality

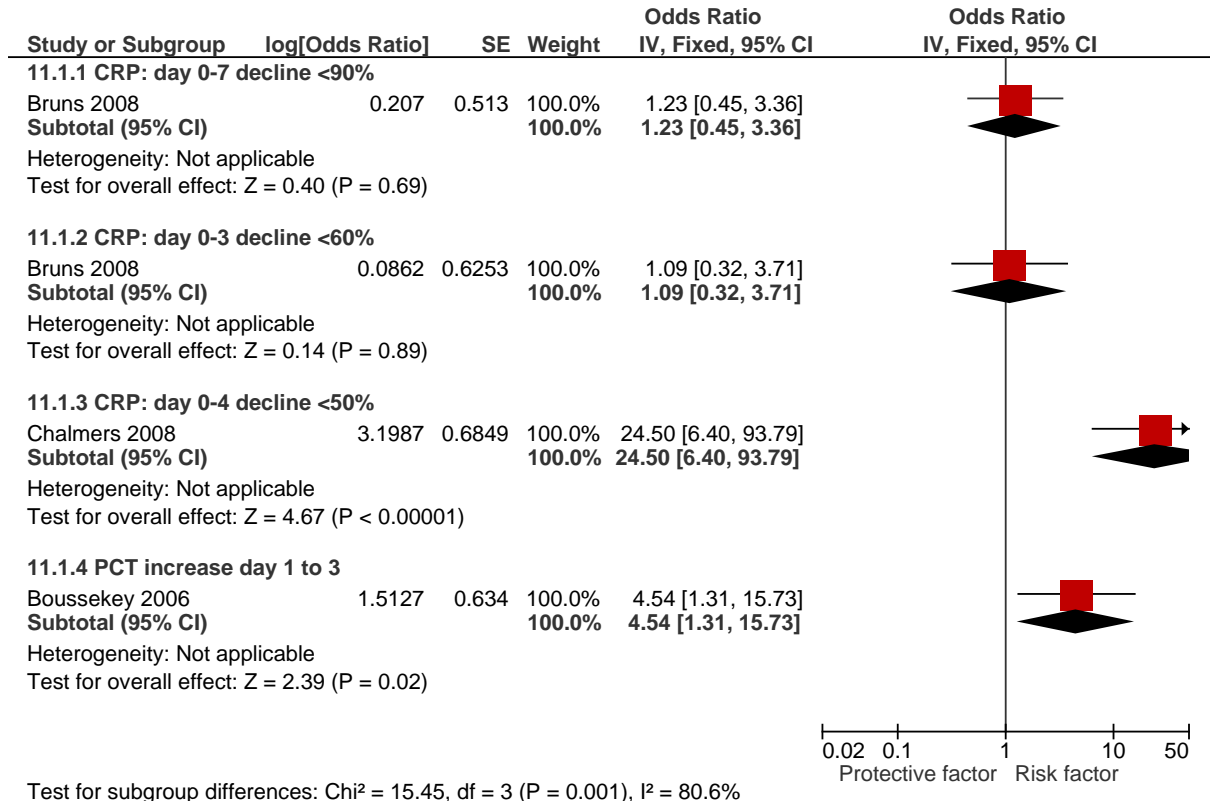


Figure 178: ITU mortality

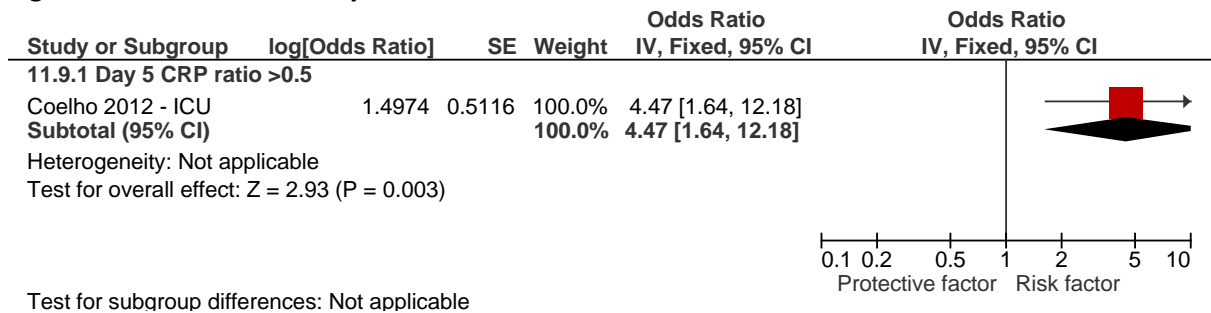


Figure 179: Inappropriate antibiotic therapy

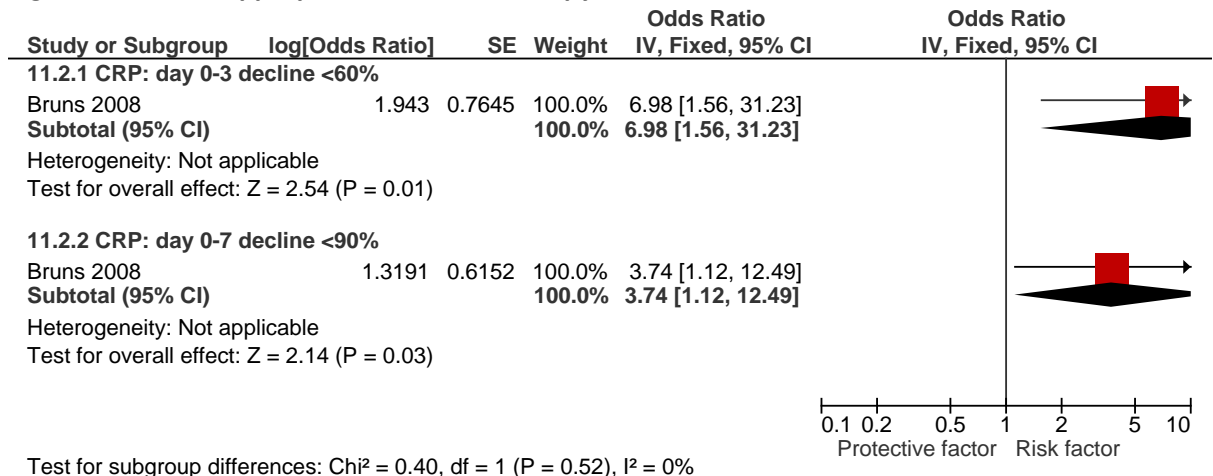


Figure 180: Overall treatment failure

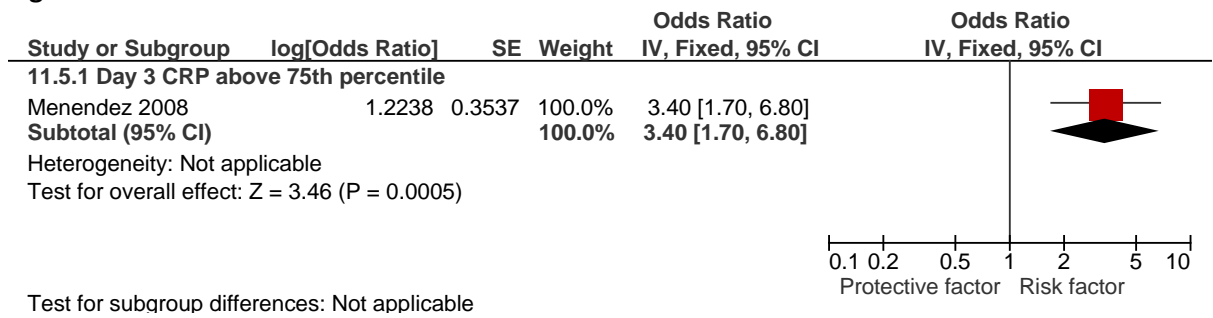


Figure 181: Early treatment failure

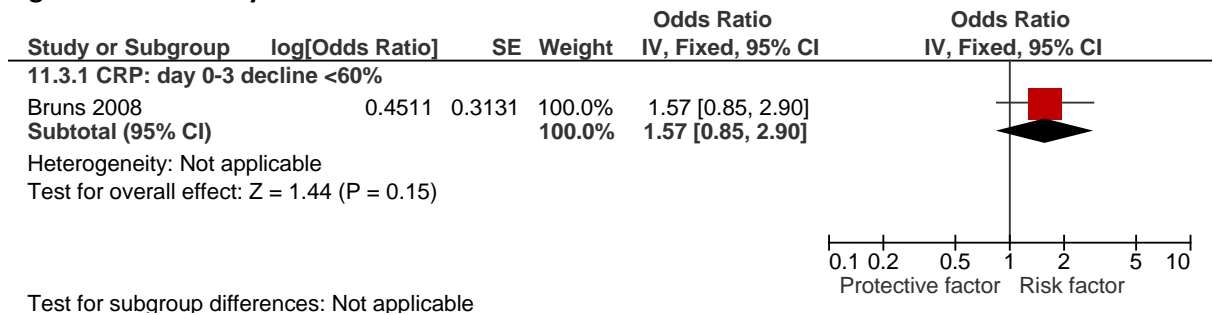


Figure 182: Late treatment failure

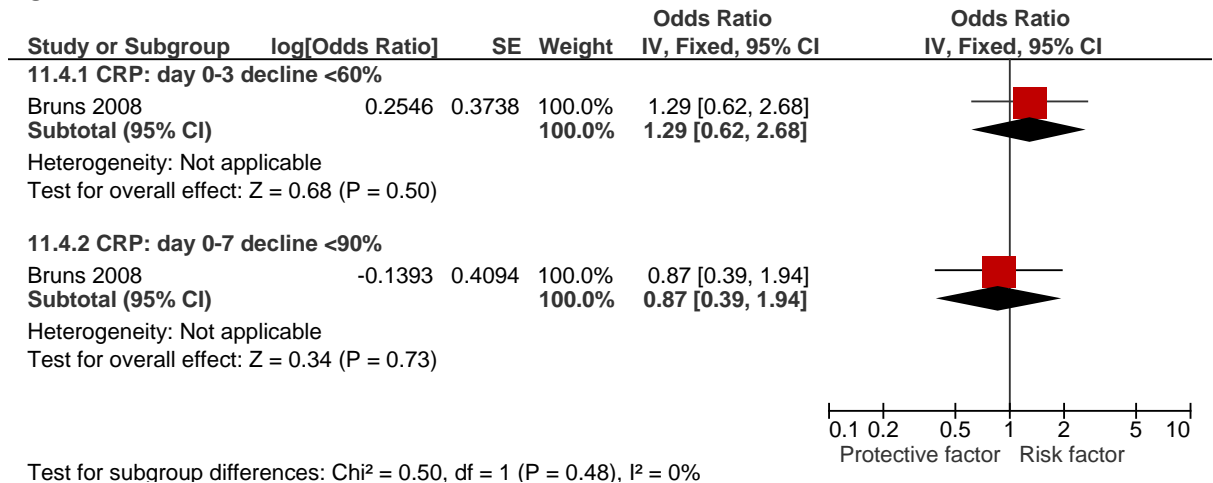


Figure 183: Late treatment failure (after 72 hours)

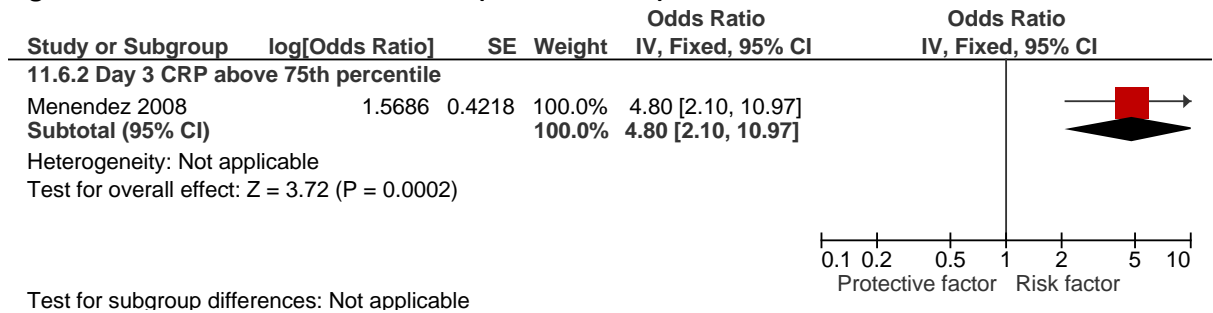


Figure 184: Severe complications after 72 hours

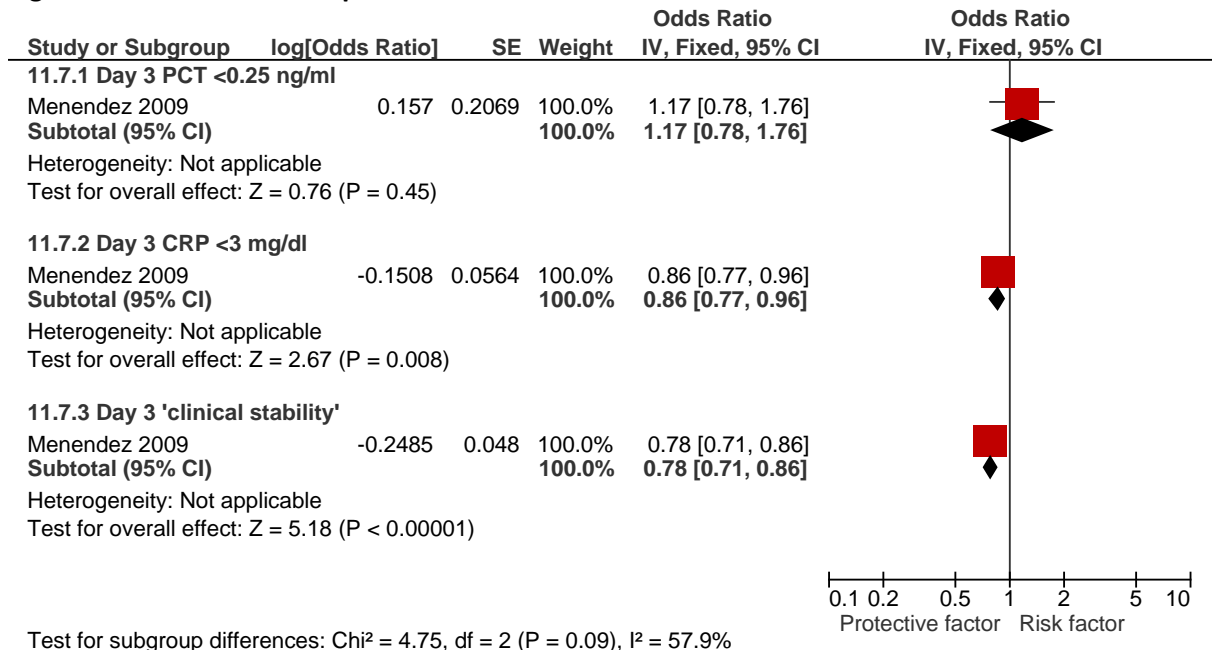


Figure 185: Hospital re-admission within 7 days

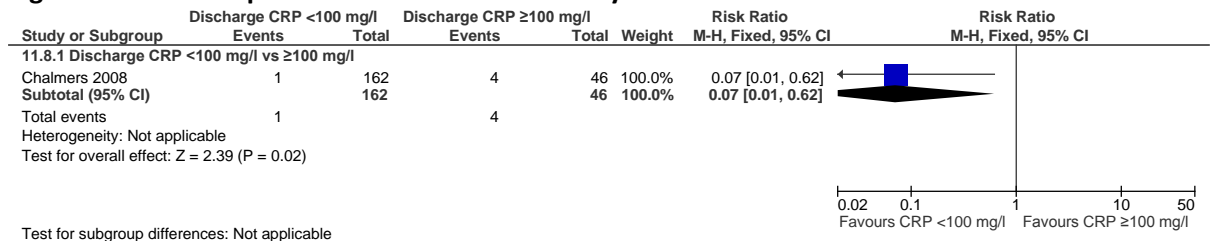


Figure 186: Need for invasive ventilation or ionotropic support

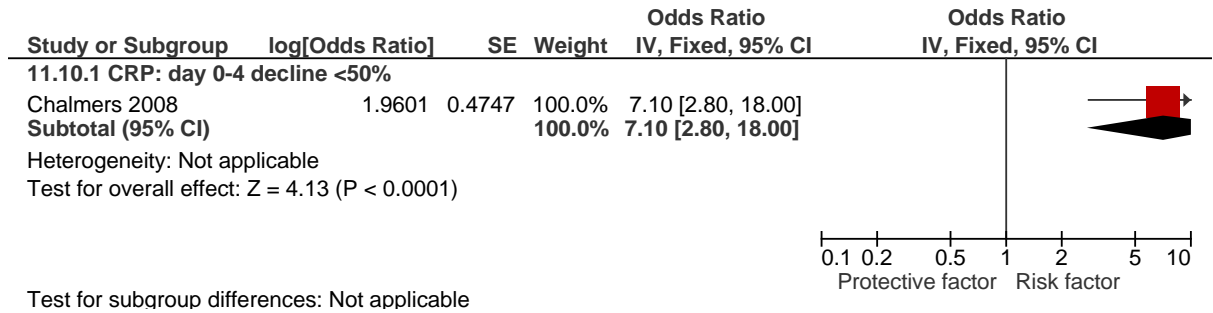
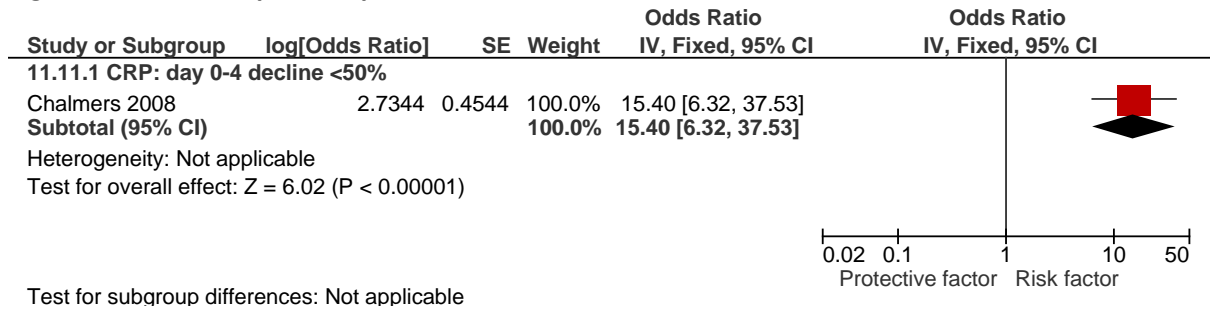


Figure 187: Complicated pneumonia



1.8 Safe discharge

1.8.1 Clinical outcomes of patients who reached clinical stability according to ATS 2001 and ATS/IDSA 2007 criteria of clinical stability or number of instabilities

Figure 188: Hospital re-admission 30 days after discharge

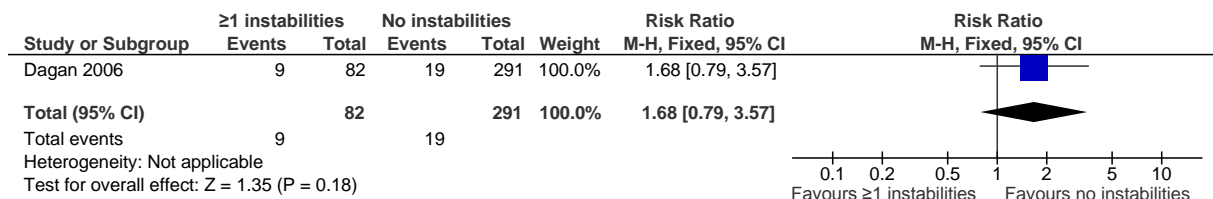
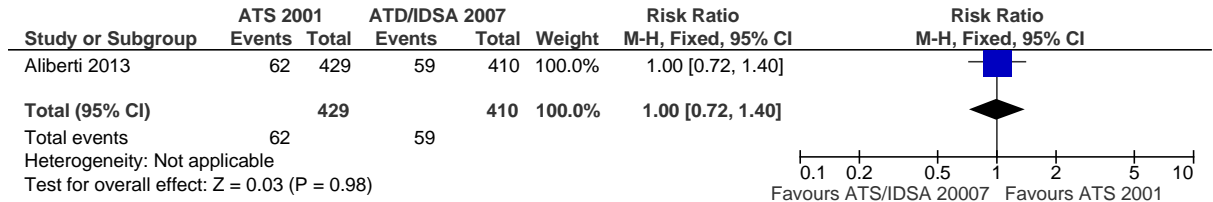
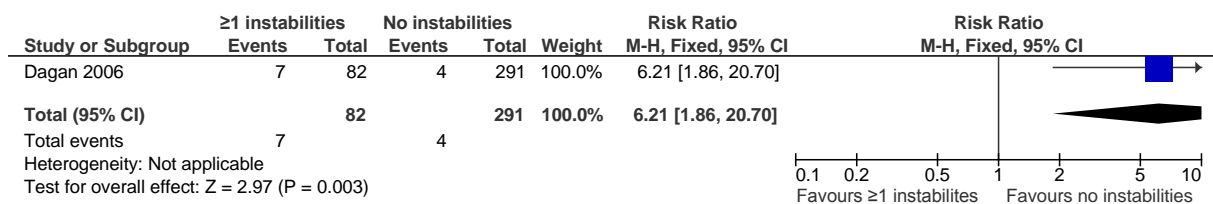
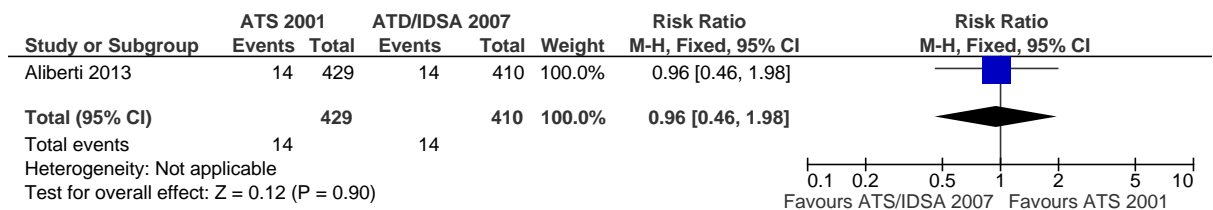


Figure 189: Mortality 30 days after discharge



1.9 Patient information

No forest plots were generated for this question.

2 HAP

2.1 Diagnostic tests

No data available.

2.2 Severity assessment

No data available.

2.3 Microbiological tests

No data available.

2.4 Antibiotic therapy

2.4.1 Single- compared with other single-antibiotic therapy

2.4.1.1 Respiratory fluoroquinolone compared with cephalosporin

Figure 190: All-cause mortality

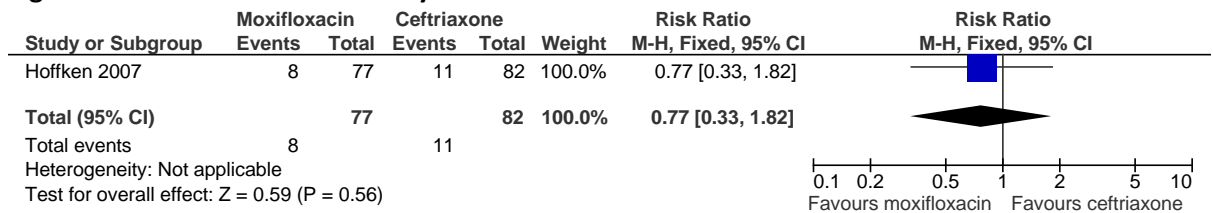


Figure 191: Clinical cure or improvement at end of follow-up

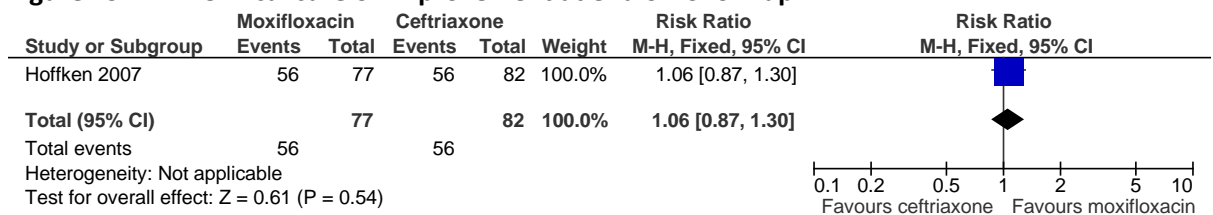
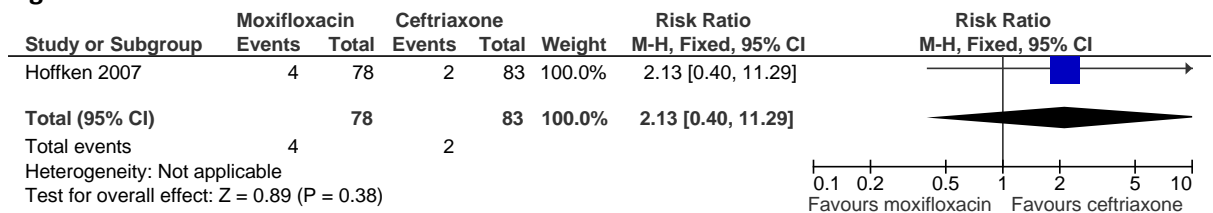


Figure 192: Withdrawal due to adverse events



2.4.1.2 Beta-lactamase-stable penicillin compared with carbapenem

Figure 193: All cause mortality

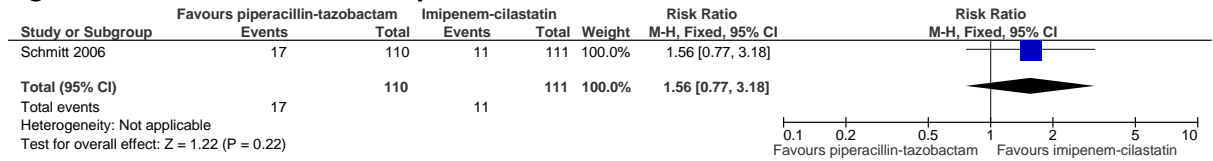


Figure 194: Clinical cure at end of treatment

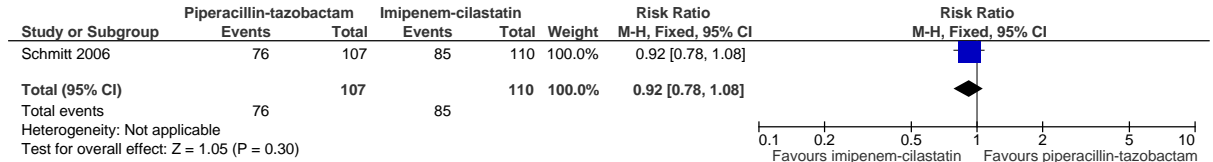


Figure 195: Clinical cure at end of follow-up

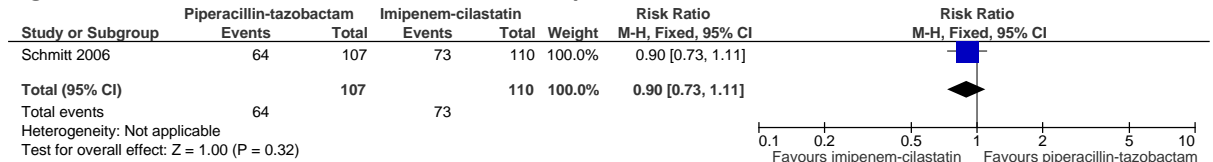
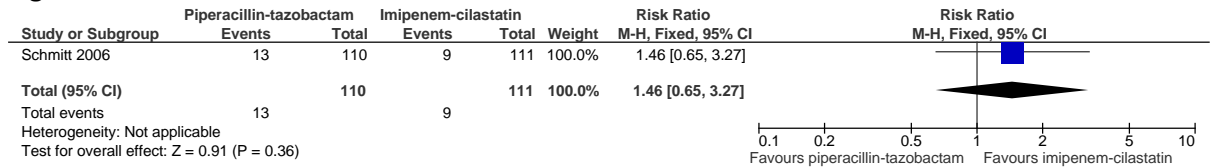


Figure 196: Withdrawal due to adverse events



2.4.2 Single- compared with dual-antibiotic therapy

2.4.2.1 Cephalosporin compared with cephalosporin plus aminoglycoside

Table 1: All-cause mortality

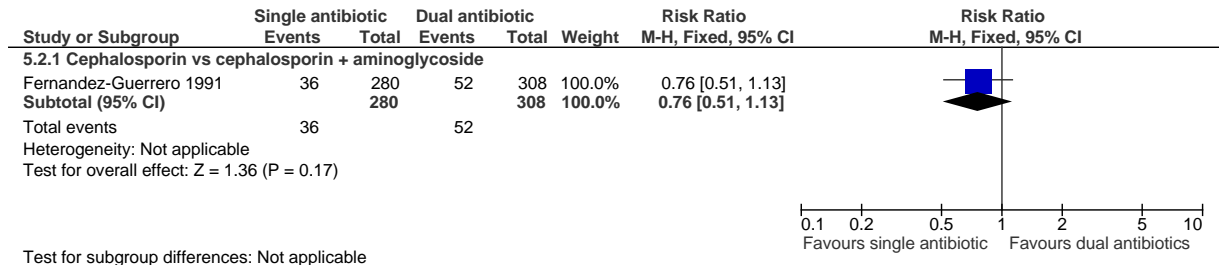
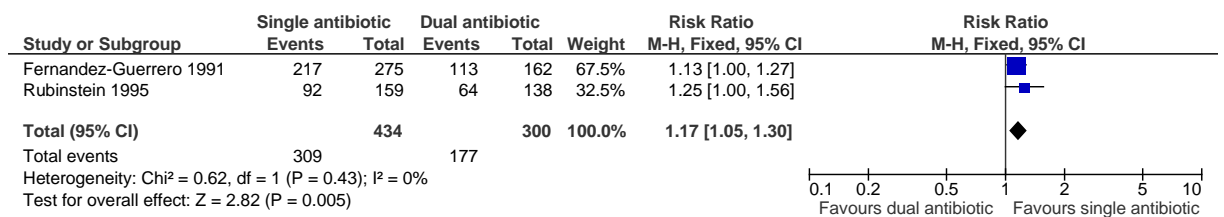


Table 2: Clinical cure at end of treatment



2.4.2.2 Carbapenem versus cephalosporin plus aminoglycoside

Figure 197: Clinical cure at end of treatment

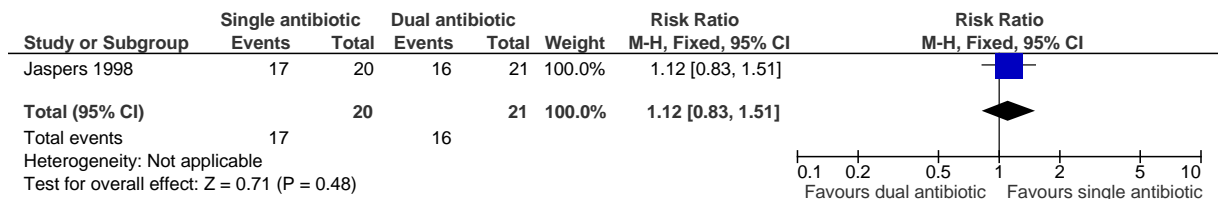
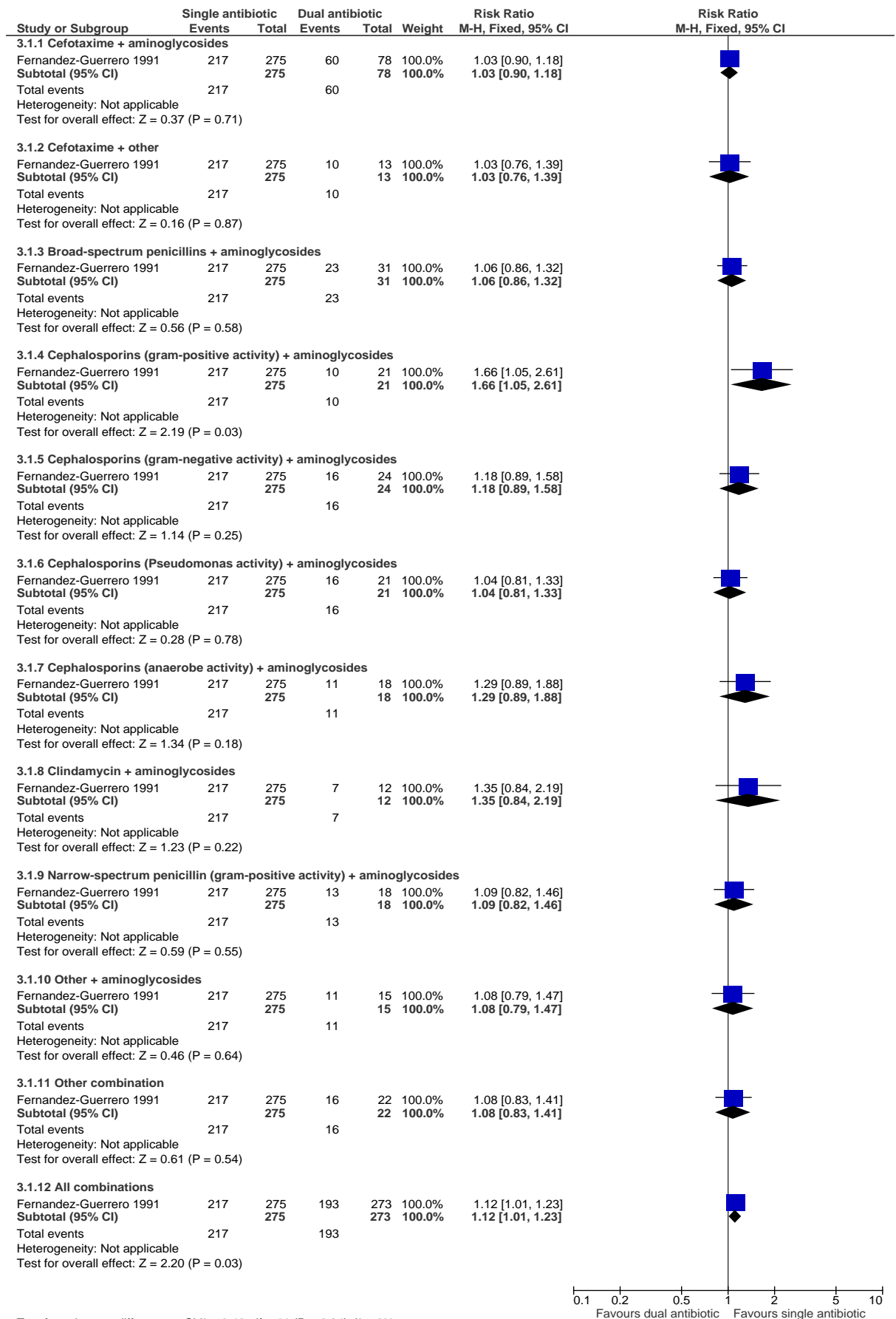


Table 3: Clinical cure at end of treatment (comparison subgroups from Fernandez-Guerrero 1991)



2.4.3 Dual- compared with other dual-antibiotic therapy

2.4.3.1 Beta-lactamase stable penicillin plus aminoglycoside compared with cephalosporin plus aminoglycoside

Figure 198: All-cause mortality

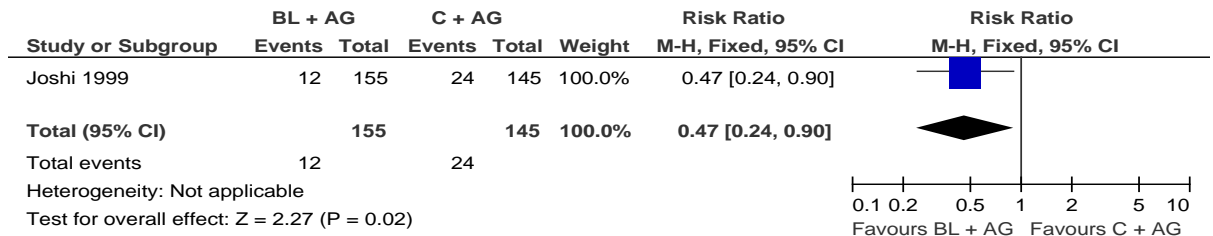


Figure 199: Clinical cure or improvement at end of follow-up

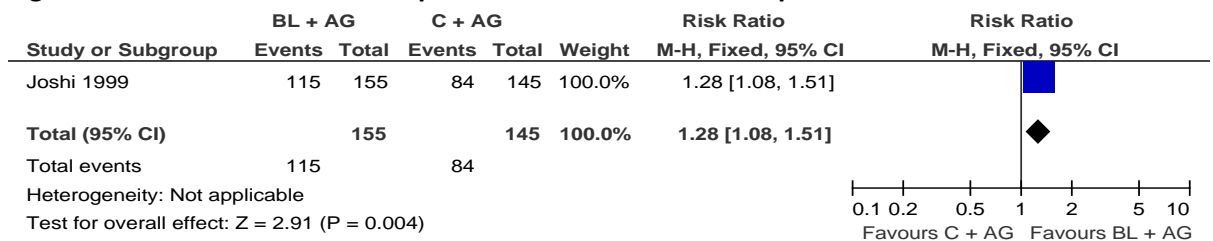


Figure 200: Withdrawal due to adverse events

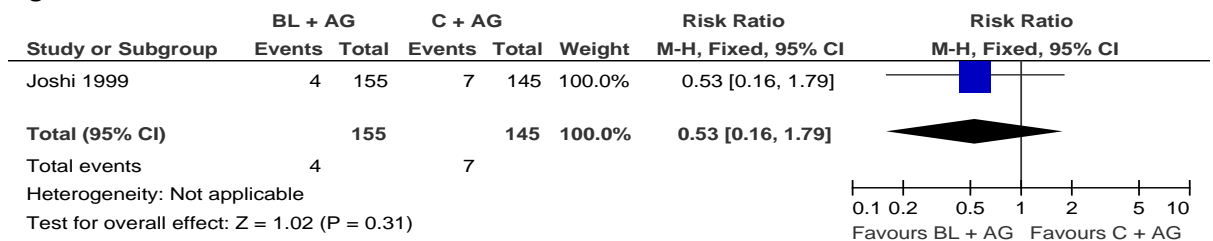
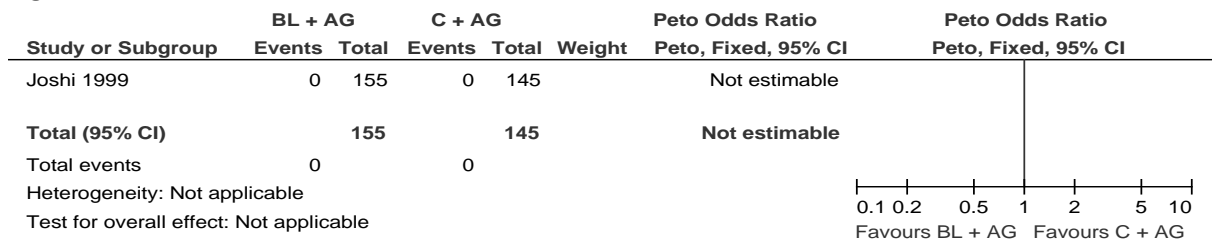


Figure 201: C. diffiile-associated diarrhoea



2.4.4 Duration of antibiotic therapy

No data available.

2.4.5 Timing of antibiotic therapy

No data available.

2.5 Glucocorticosteroid treatment

No data available.

2.6 Gas exchange

No data available.

2.7 Monitoring

No data available.

2.8 Safe discharge

No data available.

2.9 Patient information

No data available.