UC Davis Children's Hospital Guidelines for Treatment of Community-acquired pneumonia (CAP) in pediatric patients (0-18 years)

Setting	Specific circumstances	Recommended therapy	Duration
Outpatient/ ED	**First line treatment**	Amoxicillin 30mg/kg/dose TID (Max: 4g/day)	5 days
	Could consider if: **1) Recent treatment with amoxicillin** **2) Immunizations not up to date**	Amoxicillin-clavulanate 30mg/kg/dose TID (amox component) (Max: 4g/day)	5 days
	Suspect atypical organisms (i.e. Mycoplasma)	Azithromycin 10mg/kg/dose x 1 on day 1 (Max: 500mg), 5mg/kg/dose q24h days 2-5 (Max 250mg)	5 days
	Penicillin allergy (anaphylaxis suspected)	Doxycycline 2mg/kg/dose BID if age greater than 7 years (Max: 100mg/dose) OR Levofloxacin 8-10mg/kg/dose BID age 6mo- less than 5 yrs; 8-10mg/kg/dose QD if greater than or equal to 5 years (Max 750mg/dose) OR Clindamycin 10-13 mg/kg/dose TID (Max 600mg/dose)	5 days
	Non-serious penicillin allergy (anaphylaxis unlikely)	Cefpodoxime 5mg/kg/dose BID (Max:200mg/dose) if available at Pavillion pharmacy	5 days
Inpatient	**First line therapy**	Ampicillin 50mg/kg/dose IV q6h (Max:1000g/dose)	5-7 days -Step down to amox when ready for d/c (see above)
	1) Immunizations not up to date **2) non-serious penicillin (PCN) allergy (anaphylaxis unlikely)** **3) severe or progressive pneumonia**	Ceftriaxone 75mg/kg/dose IV q24h (Max:2000g/dose)	5-7 days -Step down to amox-clavulanate – see dosing above. If concern for PCN allergy, please see other options above.
	Suspect atypicals	Add: Azithromycin 10mg/kg/dose IV/PO x 1 on day 1 (Max: 500mg), 5mg/kg/dose IV/PO on days 2-5 (Max 250mg)	5 days

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	Penicillin allergy (anaphylaxis suspected)	Doxycycline 2mg/kg/dose PO/IV q12h if age greater than 7 years (Max: 100mg/dose) OR Levofloxacin 8-10mg/kg/dose PO/IV q12h age 6mo – less than 5 yrs; 8-10mg/kg/dose PO/IV q24h if greater than or equal to 5 yrs (Max: 750mg/day) OR Clindamycin 10mg/kg/dose IV/PO q6h (Max 600mg/dose)	5-7 days
	1) Influenza and PICU admission **2) known MRSA colonization** **3) severe or progressive pneumonia**	Consider adding: Vancomycin 10-15mg/kg/dose IV q6h OR Clindamycin 10mg/kg/dose IV/PO q6h (Max 600mg/dose) OR Linezolid 10mg/kg/dose IV/PO q8h if age less than 12y or q12h if age greater than or equal to 12y(Max 600mg/dose)	Consider discontinuation after 48-72 hours based on pt's clinical course and MRSA nares swab result
	Necrotizing pneumonia or empyema	Please see empyema guideline or consult pediatric infectious disease	Typically 2-4 weeks