

CRITERIA FOR CONVERSION TO ORAL ANTIBIOTICS & DISCHARGE
Community-Acquired Pneumonia Working Group

For adult immunocompetent patients admitted to the hospital with community-acquired pneumonia (CAP) and treated initially with intravenous antibiotics:

A. It is recommended that the patient be converted to oral antibiotic therapy when they meet ALL of the following clinical criteria:

1. Resolution of abnormal vital signs (if present on admission) **or** return to patient's usual baseline value.
 - a. Temperature $\leq 38^{\circ}\text{C}$ ($\leq 100.4^{\circ}\text{F}$)
 - b. Pulse rate ≤ 100
 - c. Respiratory rate ≤ 24
 - d. Systolic BP > 100
2. Patient able to eat, drink and take oral medications
3. Improvement (does NOT have to have complete resolution) of respiratory signs and symptoms present on admission (e.g. dyspnea, cough, purulent sputum, pleuritic chest pain, etc.)

Note: Current medical evidence does NOT support a prolonged or predefined course of IV antibiotic therapy for patients with CAP, including those with positive blood cultures.

B. It is recommended that patients be considered stable for discharge from the hospital when they meet ALL of the following criteria:

1. Criteria listed above for conversion to oral antibiotic therapy
2. Tolerance of first dose of oral antibiotic without adverse reaction
3. Return of mental status to usual baseline
4. Resolution of hypoxemia (oxygen saturation $> 90\%$ on room air), OR return to baseline oxygenation status
5. No other medical or psychosocial conditions necessitating continued hospitalization.

Note: Current medical evidence does NOT support observation of patients in the hospital for 24 hours or longer after conversion from IV to oral therapy.

References:

- (1) Rhew DC, Tu GS, Ofman J, et al. Early Switch and Early Discharge Strategies in Patients With Community-Acquired Pneumonia: A Meta-Analysis. *Arch Intern Med.* 2001;161:722-7.
- (2) Ramirez JA, Bordon J. Early Switch From Intravenous to Oral Antibiotics in Hospitalized Patients With Bacteremic Community-Acquired *Streptococcus pneumoniae* Pneumonia. *Arch Intern Med.* 2001;161:848-50.
- (3) Bartlett JG, Dowell SF, Mandell LA, et al. Practice Guidelines for the Management of Community-Acquired Pneumonia in Adults. *Clin Infect Dis.* 2000;31:347-82.