

## CLINICAL PATHWAY: Community Acquired Pneumonia (CAP) Appendix A: Special Considerations

THIS PATHWAY  
SERVES AS A GUIDE  
AND DOES NOT  
REPLACE CLINICAL  
JUDGMENT.

### Special Considerations:

#### <3 month old with *Chlamydia trachomatis*:

- Consult Infectious Diseases (ID)
- Send diagnostic tests as directed by ID
- *If proven or strongly suspected: ADD azithromycin IV/PO 20 mg/kg x3 days*

#### Documented Pertussis at Any Age:

- Azithromycin IV/PO (monotherapy):
  - <6 mo old: 10 mg/kg x5 days
  - ≥6 mo old: 10 mg/kg (max 500 mg/dose) x1 day, then 5 mg/kg (max 250 mg/dose) to complete 5 days

#### If respiratory BIOFIRE was sent due to significant concern for atypical pneumonia, and resulted with a positive *Chlamydia pneumoniae*:

- **ADD** azithromycin IV/PO:
  - <6 mo old: 10 mg/kg x5 days
  - ≥6 mo old: 10 mg/kg (max 500 mg/dose) x1 day, then 5 mg/kg (max 250 mg/dose) to complete 5 days

#### If respiratory BIOFIRE was sent due to significant concern for atypical pneumonia, and resulted with a positive *Mycoplasma pneumoniae*:

- Consider adding azithromycin (the addition of azithromycin to antibiotic regimen may have no added benefit to patient's overall clinical course)
  - <6 mo old: 10 mg/kg x5 days
  - ≥6 mo old: 10 mg/kg (max 500 mg/dose) x1 day, then 5 mg/kg (max 250 mg/dose) to complete 5 days

#### Documented Influenza:

- **ADD** oseltamavir PO:
  - Preterm neonates ≤40 weeks PMA: discuss dosing with pharmacy
  - Preterm neonates >40 weeks and term neonates up to 9 months: 3 mg/kg BID
  - ≥9 months up to 12 months: 3.5 mg/kg BID
  - ≥12 months:
    - >15 kg – 23 kg: 45 mg BID
    - >23 kg – 40 kg: 60 mg BID
    - >40 kg: 75 mg BID

#### Suspect COVID-19:

- Place on Special Precautions
  - [ED/Inpatient COVID-19 Algorithm](#)
  - [Inpatient Therapies for COVID-19 Clinical Pathway](#)