

## ASPIRATION PNEUMONITIS AND PNEUMONIA

### Aspiration-Chemical Pneumonitis

- Prophylactic antibiotics
  - In mild-to-moderate cases, withholding antibiotics with clinical and radiographic reassessment in 48 hours, is recommended even if there is radiographic evidence of an infiltrate
    - Antibiotics does not offer clinical benefit and may generate antibiotic selective pressures that results in the need for escalation of antibiotic therapy
- Antibiotic treatment
  - Critically ill patients even if CXR is normal
    - Sepsis (organ failure attributed to the PNA)
    - Need for mechanical ventilatory support (IMV or NIV)
  - In moderate-to-severe cases with CXR infiltrate
    - Pneumonia Severity Index (PSI) score >130
    - From a pragmatic standpoint, antibiotics can be started empirically, and the decision to continue antibiotic therapy for more than 2 to 3 days should be guided by the clinical course

### Aspiration pneumonia

- Includes community and hospital acquired pneumonias
- Pathogens have shifted from anaerobes to aerobes

### Treatment

- The decision about antibiotic therapy is dictated by:
  - Site of acquisition
    - Community (CAP), hospital, or long-term care facility
  - Risk factors for infection with multidrug-resistant organisms (MDRO)
    - Broad-spectrum antibiotics in the past 90 days
    - Hospitalization for at least 5 days
- Antibiotics – initial treatment
  - CAP that does not require hospitalization:
    - Oral amoxicillin-clavulanate, moxifloxacin, or levofloxacin
  - CAP that requires hospitalization and for hospital-acquired with a low risk of MDRO are similar
    - Amoxicillin-sulbactam, moxifloxacin, levofloxacin, ceftriaxone, ertapenem
  - CAP with high risk of MDRO
    - Piperacillin-tazobactam, cefepime, levofloxacin, or meropenem, either singly or in combination
  - Vancomycin or linezolid for MRSA carriers
- Routine treatment for anaerobic pathogens is not needed but indicated in those with:
  - Poor dental health
  - Necrotizing pneumonia
  - Lung abscess or empyema
    - Piperacillin-Tazobactam or Meropenem
    - Combination of Metronidazole and Cefepime or Fluoroquinolones
    - Consider adding clindamycin
- Duration of treatment:
  - 5 to 7 days for patients with a good clinical response
  - Longer treatment for those with necrotizing pneumonia, lung abscess, or empyema
  - 2-3 days after resolution of SIR
  - For lung abscess, until CT chest evidence of decreasing size or abscess resolution
- Steroids for severe pneumonia