

Sputum culture (+) for bacteria PLUS  
clinical signs/symptoms of pneumonia

Deep tracheal aspirate > 100,000 cfu/mL  
BAL > 10,000 cfu/mL



Pathogen	Antimicrobial of Choice <sup>¶</sup>
MRSA Oxacillin (R)	Linezolid 600mg PO/IV q12h Alternative: Vancomycin (pharmacy to dose)
MSSA Oxacillin (S); may be Penicillin (R) or (S)	Nafcillin 2g IV q4h Alternative: Cefazolin 2g IV q8h*
<i>Enterococcus faecalis</i>	Ampicillin 2g IV q4h* Alternative: Vancomycin (pharmacy to dose)
<i>Enterococcus faecium</i>	Linezolid 600mg PO/IV q12h
<i>Streptococcus pneumoniae</i>	Ceftriaxone 2g IV q24h Alternative: Ampicillin/sulbactam 3g IV q6h*
<i>H. flu</i> , <i>E. coli</i> , <i>Klebsiella sp.</i> , other <i>Enterobacterales sp.</i>	Ceftriaxone 2g IV q24h Alternative: Ampicillin/sulbactam 3g IV q6h*
<i>Enterobacter sp.</i> , <i>Citrobacter sp.</i> , <i>Morganella morganii</i> , <i>Klebsiella aerogenes</i>	Cefepime 2g IV q8h*
<i>P. aeruginosa</i>	Cefepime 2g IV q8h* or Piperacillin/tazobactam 4.5g IV q6h*
ESBL producing gram negative rod	Meropenem 1g IV q8h*
<i>Stenotrophomonas sp.</i> or <i>Burkholderia sp.</i>	SMX/TMP 12-15 mg/kg/day of TMP* <sup>§</sup> IV divided q6-12h – may transition to PO when stable

\*Renal dose adjustment required

<sup>§</sup>IV admixture in D5W – monitor serum Na<sup>+</sup> and blood glucose

<sup>¶</sup>Based on culture susceptibilities