

Management of Community Acquired Pneumonia

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Abstract

Appropriate antibiotic therapy remains the cornerstone of management of community acquired pneumonia (CAP). Even though this is mostly empiric, host, microbiological and epidemiological factors should be taken into account while deciding the antimicrobial agent(s) to be used. Available data from India suggests that the prevalence of drug resistant *Streptococcus pneumoniae* (DRSP) in the community is at present negligible and therefore treatment failure is unlikely to result if penicillin derivatives are used for treatment of CAP in previously healthy individuals with no risk factors for drug resistance. It is important to choose antibiotics judiciously in order to prevent the development of drug resistant strains. Irrational and unnecessary prescriptions especially those involving newer/costlier antibiotics or their combinations should be avoided since these are not superior in efficacy. Some patients with CAP present on rapidly progress to acute hypoxemic respiratory failure (AHRF) and acute respiratory distress syndrome (ARDS) requiring mechanical ventilation (MV). Mortality in these patients can exceed 50% and hence they should be managed in an intensive care unit (ICU) setting. The mainstays of management of CAP associated with AHRF are oxygen therapy, antibiotics and ventilatory support (when needed). Most patients with severe CAP and ARDS require invasive MV. The open lung approach should be used during MV.

Key Words: Community acquired pneumonia, antibiotic, acute respiratory distress syndrome, acute hypoxemic respiratory failure, mechanical ventilation