

Community-Acquired Pneumonia: Discussion Guide

## During a regularly scheduled staff meeting, the stewardship leader(s) is encouraged to ask all clinical staff which components of the AHRQ Toolkit To Improve Antibiotic Use in Ambulatory Care related to community-acquired pneumonia (CAP) have been reviewed. It is recommended that all clinical staff review at least one of the following: the audio presentation, the slide set with accompanying facilitator guide, or the clinician one-page document. Remind staff that even if they have not had a chance to review the material, that they should still do so. Also, remind staff how they can access the AHRQ Toolkit To Improve Antibiotic Use in Ambulatory Care content.

During the same meeting the stewardship leader(s) should generate conversation among staff members to determine how the practice can collectively improve the diagnosis and management of CAP in their patients. Consider taking minutes and distributing them after the meeting to remind everyone present (and those not present) what was decided. Finally, it is also recommended to discuss progress on implementation of previous stewardship activities that the group is engaging in.

Suggested discussion questions include the following:

1. What diagnostic testing will the practice order for patients with symptoms suggestive of CAP? What criteria will be used for obtaining respiratory viral testing? Which criteria will the practice use to determine if chest x rays are warranted?
2. Will members of the practice use the CURB-65 pneumonia severity score or the Pneumonia Severity Index (PSI) to assist with triaging decisions for patients with CAP? Are there any other criteria that the practice should use in determining which patients should be referred to the emergency department or admitted to the hospital?
3. What will be the practice’s standard antibiotic treatment regimen for otherwise healthy adults with CAP? What will be the practice’s standard antibiotic treatment regimen for adults with comorbid conditions presenting with CAP?
4. What standard counseling should the practice provide to patients being diagnosed with CAP for when to return to medical attention?

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