

Table 4: Empiric therapy for hospitalized pediatric CAP

	Empiric Therapy for Presumed		
	Bacterial Pneumonia	Atypical Pneumonia	Influenza Pneumonia
Fully immunized for <i>H. influenzae</i> type B and <i>S. pneumoniae</i> where local penicillin resistance in invasive strains of pneumococcus is low.	<p><u>Preferred:</u> Ampicillin or penicillin G</p> <p><u>Alternatives:</u> Ceftriaxone; cefotaxime</p> <p>Addition of vancomycin or clindamycin for suspected CA-MRSA.</p>	<p><u>Preferred:</u> Azithromycin¹</p> <p><u>Alternatives:</u> Clarithromycin, erythromycin or doxycycline (children > 7 years)</p> <p>Levofloxacin for children who have reached growth maturity.</p>	<p><u>Preferred:</u> Oseltamivir or zanamivir (children ≥ 7 years)</p> <p><u>Alternatives:</u> IV peramivir or IV zanamivir (available for compassionate use)</p>
Not fully immunized for <i>H. influenzae</i> type B and <i>S. pneumoniae</i> where local penicillin resistance in invasive strains of pneumococcus is high.	<p><u>Preferred:</u> Ceftriaxone or cefotaxime</p> <p>Addition of vancomycin or clindamycin for suspected CA-MRSA.</p> <p><u>Alternatives:</u> Levofloxacin</p> <p>Addition of vancomycin or clindamycin for suspected CA-MRSA.</p>	As above.	As above.

¹ In addition to beta-lactam, if diagnosis in doubt.