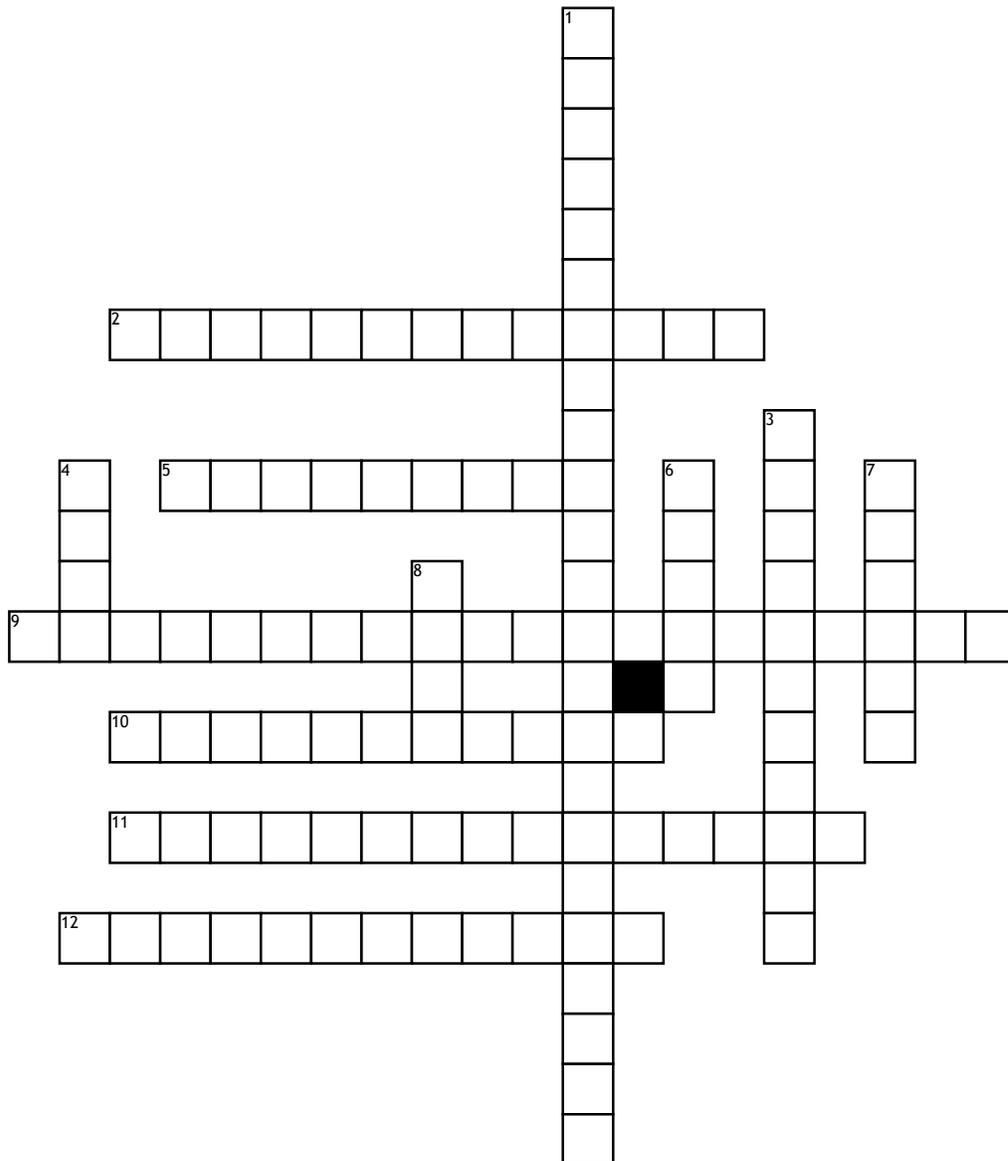


Community-Acquired Pneumonia



Across

2. Serum (fill in the blank) level is not recommended as a guide to withhold initiation of empiric antibiotic treatment in CAP
5. Routine (fill in the blank) coverage is NOT recommended in suspected aspiration pneumonia in the absence of lung abscess or empyema
9. The category of (fill in the blank) pneumonia is no longer recommended as a guide to selection of extended antibiotic coverage in adults with CAP
10. A third generation cephalosporin recommended in combination with azithromycin for empiric treatment of CAP

11. (Fill in the blank) of antibiotic treatment at 48 to 72 hours may be considered in CAP patients with a positive influenza test, no evidence of a bacterial pathogen (including low procalcitonin level), and early clinical stability
12. Studies in CAP provide strong evidence that (fill in the blank) of antibiotic therapy at 48 hours in the absence of microbiological results with MRSA or P. aeruginosa is safe and reduces duration of antibiotic treatment, length of hospitalization, and complications of broad-spectrum antibiotics

Down

1. Common bacterial pathogen in community-acquired pneumonia
3. Pretreatment Gram stain and culture of (blank) secretions are recommended in hospitalized adults with CAP empirically treated for MRSA or P. aeruginosa

4. Antibiotic therapy for CAP should be continued until the patient achieves stability and for no less than (fill in the blank) days
6. (Fill in the blank) infection or isolation is the most consistently strong individual risk factor for respiratory infection with MRSA or P. aeruginosa
7. IDSA/ATS guidelines do not recommend for nor against routinely obtaining (fill in the blank) Gram stain and culture in all hospitalized adults with CAP
8. Data supporting rapid (fill in the blank) nasal testing are robust and targeted treatment of this pathogen can generally be withheld when negative