presented to help the reader better understand how the results may be applied to the individual patient. This can assist the clinician in applying the recommendations to most patients but allows adjustment when applying to patients at the extremes of risk (Appendix C).

This policy is not intended to be a complete manual on the evaluation and management of adult patients with CAP but rather a focused examination of critical issues that have particular relevance to the current practice of emergency medicine. Potential benefits and harms of implementing recommendations are briefly summarized within each critical question.

It is the goal of the Clinical Policies Committee to provide an evidence-based recommendation when the medical literature provides enough quality information to answer a critical question. When the medical literature does not contain adequate empirical data to answer a critical question, the members of the Clinical Policies Committee believe that it is equally important to alert emergency physicians to this fact.

This Clinical Policy is not intended to represent a legal standard of care for emergency physicians. Recommendations offered in this policy are not intended to represent the only diagnostic or management options available to the emergency physician. ACEP recognizes the importance of the individual physician's judgment and patient preferences. This guideline provides clinical strategies for which medical literature exists to answer the critical questions addressed in this policy.

Scope of Application. This guideline is intended for physicians working in EDs who evaluate and treat CAP.

Inclusion Criteria. This guideline is intended for adult ED patients with CAP.

Exclusion Criteria. This guideline is not intended for pediatric or pregnant patients.

CRITICAL QUESTIONS

1. In the adult ED patient diagnosed with community-acquired pneumonia, what clinical decision aids can inform the determination of patient disposition?

Patient Management Recommendations

Level A recommendations. None specified.

Level B recommendations. The Pneumonia Severity Index (PSI) and CURB-65 decision aids can support clinical judgement by identifying patients at low risk of mortality who may be appropriate for outpatient treatment. Although both decision aids are acceptable, the PSI is supported by a larger body of evidence and is preferred by other society guidelines (ATS/IDSA 2019 guidelines).

Level C recommendations. Among patients not receiving vasopressors or mechanical ventilation, use the 2007 IDSA/ATS Minor Criteria rather than mortality prediction aids such as the PSI or CURB-65 to help establish which patients are most appropriate for care based in an ICU setting (Consensus recommendation).

Do not routinely use biomarkers to augment the performance of clinical decision aids to guide the disposition of ED patients with CAP (Consensus recommendation).

Use CAP clinical decision aids in conjunction with physician clinical judgment in the context of each patient's circumstances when making disposition decisions (Consensus recommendation).

Potential Benefit of Implementing the Recommendations:

- Appropriate use of CAP decision aids may help physicians identify patients who are at low risk for mortality and may be appropriate for outpatient treatment.
- Appropriate use of risk-decision aids may allow physicians to identify patients with CAP who are at high risk for needing mechanical ventilation or vasopressors and who may benefit from ICU admission. Early identification and appropriate disposition of these patients to an ICU is associated with lower mortality compared with patients with delayed transfer to an ICU (ie, after admission to a non-ICU bed).

Potential Harm of Implementing the Recommendations:

- There may be factors pertinent to patient disposition that are not considered by risk-decision aids, such as patients who are immunocompromised or who have poor psychosocial supports. Patients identified as at low risk for mortality may still warrant hospitalization for these reasons. Inappropriate use of risk-decision aids without consideration of external factors could lead to unsafe discharge of patients who should instead be admitted.

Key words/phrases for literature searches: pneumonia, community-acquired, community-acquired pneumonia, CURB, Pneumonia Severity Index, clinical decision support system, clinical decision making, decision support aid, decision support aids, decision support system, decision support tool, decision support tools, clinical decision aid, clinical decision aids, clinical decision tool, clinical decision tools, decision support techniques, decision support systems clinical, emergency, emergency health service, hospital emergency service, emergency ward, emergency medicine, emergency care, emergency treatment, emergency department, emergency room,