## Pediatric Guidelines: Respiratory Infections - Aspiration Pneumonia

<table>
<thead>
<tr>
<th>Condition</th>
<th>Major Pathogens</th>
<th>First Choice Therapy</th>
<th>Alternative Therapy</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspiration pneumonia</td>
<td>Often similar organisms to community-acquired pneumonia (e.g. <em>Streptococcus pneumoniae</em>), but also oral flora (aerobic and anaerobic)</td>
<td>Inpatient: Ampicillin-sulbactam (Unasyn) 50mg/kg/dose ampicillin IV q6h (max 2g ampicillin/dose)</td>
<td>Severe beta lactam allergy[1]: Clindamycin 10mg/kg/dose IV/PO q8h (max 600mg/dose PO, 900mg/dose IV)</td>
<td>Consider possibility of aspiration pneumonitis rather than pneumonia if respiratory distress immediately follows aspiration event and resolves within 24h</td>
</tr>
</tbody>
</table>

*Anaerobic flora are not established until after teeth erupt*

**Oral/step-down therapy:**

- Amoxicillin-clavulanate (Augmentin) 45mg/kg/dose amoxicillin PO BID (max 1000mg amoxicillin/dose)*

*Click here [2] for guidance on Amoxicillin-Clavulanate maximum dosing and formulations

---

*These are guidelines only and not intended to replace clinical judgment. Modification of therapy may be indicated based on patient comorbidities, previous antibiotic therapy or infection history. Doses provided are usual doses but may require modification based on patient age or comorbid conditions. Refer to Pediatric Antimicrobial Dosing Guideline[3] for further guidance on dosing in children, and Neonatal Dosing Guideline[4] for infants < 1 month of age. Consult a pediatric pharmacist for individualized renal or hepatic dose adjustment. For additional guidance, please contact Pediatric Infectious Diseases (ID) or the Pediatric Antimicrobial Stewardship Program (ASP).*

---

Contact Us
UCSF Main Site