**ABSTRACT**

**INTRODUCTION**

Mortality in CAP patients increases if empiric antibiotic therapy fails to cover the etiologic agent. Some patients hospitalized with CAP may be infected with multidrug resistant (MDR) bacteria such as MRSA or Pseudomonas. To identify these patients and provide broad-spectrum therapy, several risk factors are suggested as MDR Predictors. These patients are considered to have healthcare-associated pneumonia (HCAP). Recently, the predictive value of these risk factors has been questioned.

**METHODS**

**RESULTS**

**CONCLUSIONS**

- **A total of 1,117 patients were included in this study**
- **Patients' characteristics are shown in Table 1**
- **Multivariate analysis of risk factors for MDR organisms as etiology of pneumonia is shown in Figure 1**

**REFERENCES**


**INTRODUCTION**

Mortality in patients with community-acquired pneumonia (CAP) increases if empiric antibiotic therapy fails to cover the etiologic agent. Empiric therapy is targeted to cover possible etiological agents. Different risk factors have been established to define possible etiologies.

Empiric therapy is a treatment based on likely organisms able to cause pneumonia before we have adequate microbiological results. Possible organisms are based on the patients' risk factors.

Some patients hospitalized with CAP may be infected with Multidrug Resistant (MDR) bacteria such as methicillin-resistant Staphylococcus aureus (MRSA) or Pseudomonas aeruginosa. To identify these patients and provide broad-spectrum therapy, several risk factors are suggested as MDR Predictors. These include: home wound care or infusion therapy, dialysis, nursing homes, hospitalized more than 2 days in the prior 90 days, IV antibiotics therapy in the prior 90 days. These patients are considered to have healthcare associated pneumonia (HCAP). Recently, the predictive value of these risk factors has been questioned.

**INTRODUCTION**

To define which risk factors for HCAP predict CAP infection due to MRSA or Pseudomonas.