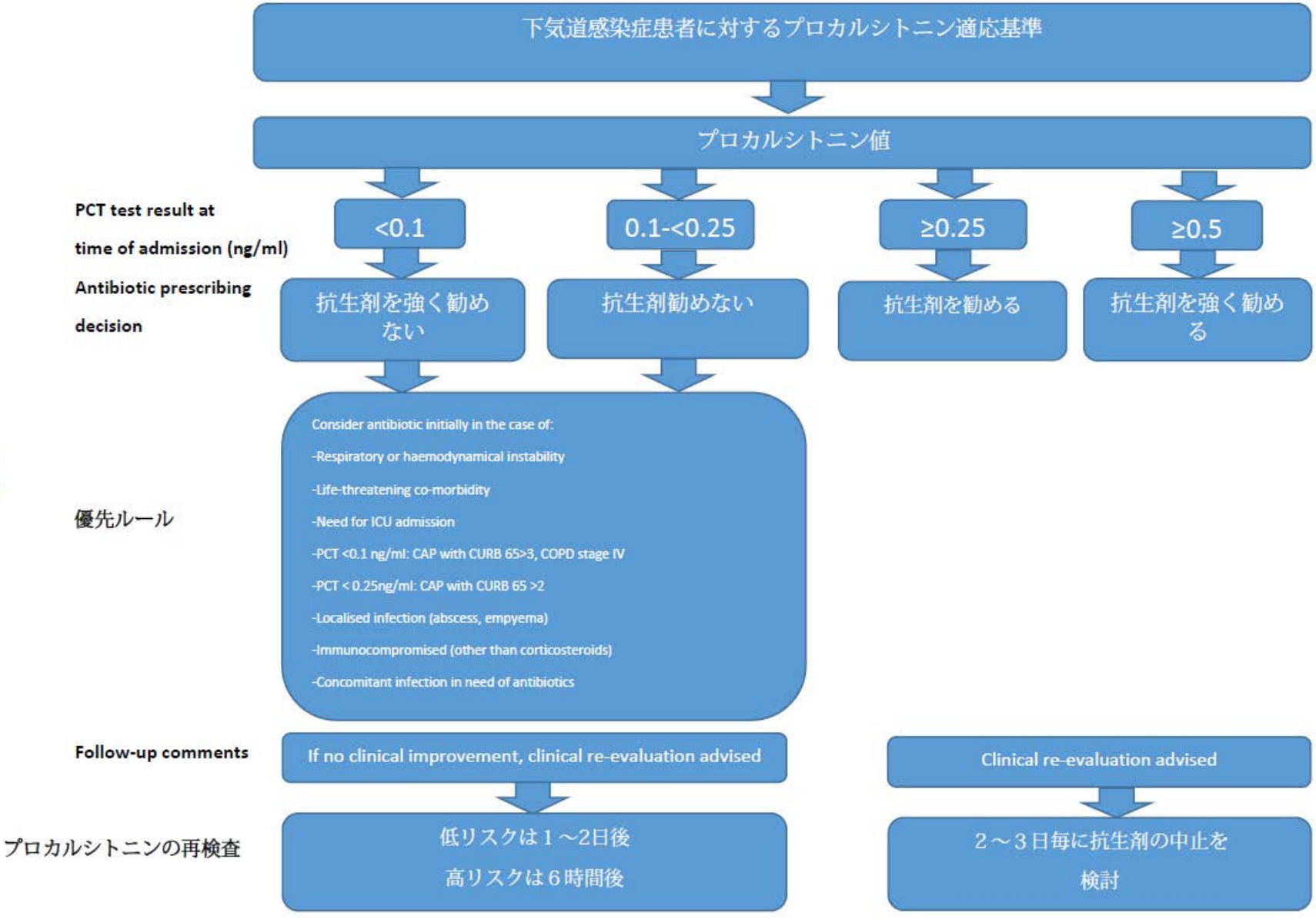
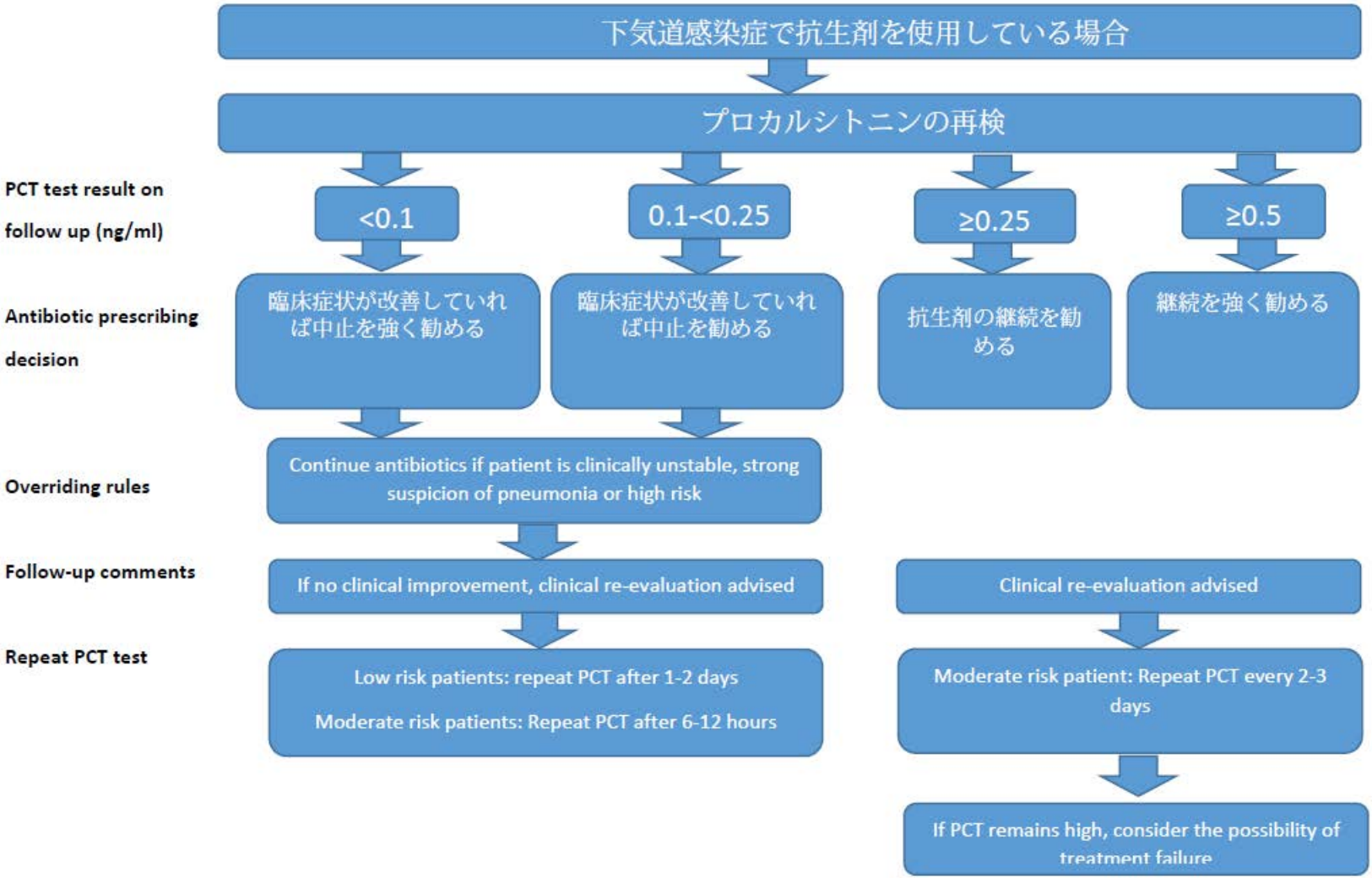

下気道感染症患者に対するプロカルシトニン適応基準
プロカルシトニン値
PCT test result at time of admission (ng/ml)
<0.1
0.1-<0.25
≥0.25
≥0.5
Antibiotic prescribing decision
抗生剤を強く勧めない
抗生剤勧めない
抗生剤を勧める
抗生剤を強く勧める
優先ルール
Consider antibiotic initially in the case of:
-Respiratory or haemodynamical instability
-Life-threatening co-morbidity
-Need for ICU admission
-PCT <0.1 ng/ml: CAP with CURB 65>3, COPD stage IV
-PCT < 0.25ng/ml: CAP with CURB 65 >2
-Localised infection (abscess, empyema)
-Immunocompromised (other than corticosteroids)
-Concomitant infection in need of antibiotics
Follow-up comments
If no clinical improvement, clinical re-evaluation advised
Clinical re-evaluation advised
プロカルシトニンの再検査
低リスクは１～2日後
高リスクは６時間後
２～３日毎に抗生剤の中止を検討


下気道感染症で抗生剤を使用している場合
プロカルシトニンの再検
PCT test result on follow up (ng/ml)
<0.1
0.1-<0.25
≥0.25
≥0.5
Antibiotic prescribing decision
臨床症状が改善していれば中止を強く勧める
臨床症状が改善していれば中止を勧める
抗生剤の継続を勧める
継続を強く勧める
Overriding rules
Continue antibiotics if patient is clinically unstable, strong suspicion of pneumonia or high risk
Follow-up comments
If no clinical improvement, clinical re-evaluation advised
Clinical re-evaluation advised
Repeat PCT test
Low risk patients: repeat PCT after 1-2 days
Moderate risk patients: Repeat PCT after 6-12 hours
Moderate risk patient: Repeat PCT every 2-3 days
If PCT remains high, consider the possibility of treatment failure