

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Musher DM, Thorner AR. Community-acquired pneumonia. *N Engl J Med* 2014;371:1619-28.
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Supplementary Appendix

Supplement to: Musher, D.M. and Thorner, A.R. Community-Acquired Pneumonia.

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Table S1: Pneumonia Severity Index Point Scoring System

Demographic factors	Points assigned for each criterion
Age (subtract 10 for women)	
Men	Age (in years)
Women	Age (in years) -10
Nursing home resident	+10
Coexisting illnesses	
Active neoplastic disease	+30
Liver disease	+20
Congestive heart failure	+10
Cerebrovascular disease	+10
Renal disease	+10
Physical examination findings	
Altered mental status	+20
Respiratory rate $\geq 30/\text{min}$	+20
Systolic blood pressure $< 90 \text{ mm Hg}$	+20
Temperature < 35 or $\geq 40^\circ\text{C}$	+15
Pulse $> 125/\text{min}$	+10
Laboratory and radiographic findings	
Arterial pH < 7.35	+30
Blood urea nitrogen $\geq 30 \text{ mg/dL}$ (11 mmol/L)	+20
Serum sodium $< 130 \text{ mmol/L}$	+20
Glucose $\geq 250 \text{ mg/dL}$ (14 mmol/L)	+10
Hematocrit $< 30\%$	+10
Partial pressure of arterial oxygen $< 60 \text{ mm Hg}$ or oxygen saturation $< 90\%$	+10
Pleural effusion	+10

Adapted from Fine MJ, Auble TE, Yealy DM, et al. A prediction rule to identify low-risk patients with community-acquired pneumonia. *N Engl J Med*. 1997;336:243-250. For mortality associated with various PORT scores, see table 97-4.

Table S2. Pneumonia Severity Index (PSI) and mortality at 30 days

Point Score	Class	Mortality		<i>S. pneumoniae</i> ^c
		Community-acquired pneumonia ^a	Community-acquired pneumonia ^b	
≤70	II	<1%	3%	--
71-90	III	3%	4%	3%
91-130	IV	8%	8%	21%
>130	V	29%	22%	35%

^a Original calculation in patients with community-acquired pneumonia report of the PSI score. (Fine MJ, Auble TE, Yealy DM, et al. A prediction rule to identify low-risk patients with community-acquired pneumonia. *N Engl J Med.* 1997;336:243-250.)

^b Mortality in patients admitted for pneumonia during a one-year period, Veterans Affairs Medical Center, Houston, Texas. Patients with non-infectious causes were excluded. (Musher DM, Roig IL, Cazares G, et al. Can an etiologic agent be identified in adults who are hospitalized for community-acquired pneumonia: results of a one-year study. *J Infect.* 2013;67:11-18.)

^c Results in patients with proven pneumococcal pneumonia. (Musher DM, Alexandraki I, Graviss EA, et al. Bacteremic and nonbacteremic pneumococcal pneumonia. A prospective study. *Medicine (Baltimore).* 2000;79:210-221.)