

## Supplementary 2 (S2)

### Interview Guide: Antibiotic Prescribing Practice regarding Management of Community Acquired Pneumonia

#### Part 1: Introduction

- Introduce yourself and introduce the study. Tell what the interview will be used for
- Ask Permission to take written notes/Record Interview
- Assure the anonymity of the interviewee
- Ask the interviewee to introduce themselves, including age, education, and years of experience.

Interviewee Code:

Witten Notes Code:

Gender:     Male

Female

Age:

Experience:

Qualification:

Hospital:

Department:

#### Part 2: Diagnostic Criteria

- In your practice, what role does Gram stain and culture with sensitivity testing play in the diagnosis of CAP?
- Could you elaborate on how your approach changes based on risk?
- What is your strategy regarding blood cultures in CAP management?
- During influenza season, how do you incorporate testing for influenza virus in CAP patients?
- Do you recommend rapid molecular tests for high-risk CAP patients, those aged 60 and above?
- What are your views on Legionella urine antigen testing in CAP?
- Do you see clinical utility in using multiplex PCR for CAP diagnosis?

#### Part 3: Treatment Strategies

- What is your empiric treatment approach for low-risk CAP patients. Which antibiotics do you generally choose?”
- Which antibiotics should be started for empiric treatment of patients with low risk / CURB 65 (0-1) CAP without co-morbidities:
- What is your strategy for treatment of low-risk CAP patients with stable co-morbidities?
- What is your strategy for treating moderate-risk CAP?
- For high-risk CAP patients without MDRO infection in the ICU, what is your recommended empiric treatment?

#### Part 4: Special consideration

- When it comes to suspected aspiration pneumonia, do you add anaerobic coverage beyond standard CAP treatment?
- Regarding CAP patients at risk for MDROs such as MRSA, ESBL, and Pseudomonas, how do you adjust your treatment?
- What is your approach regarding antiviral therapy for CAP patients who test positive for influenza?
- What is your view on the recommended duration of treatment for low to moderate-risk CAP?
- How do you approach de-escalation of broad-spectrum antibiotics once culture results are available?
- What is your approach regarding the use of chest X-rays to monitor treatment response in CAP?
- Do you use biomarkers such as CRP and procalcitonin to monitor treatment response in CAP?
- If a CAP patient does not improve after 72 hours of empiric antibiotic therapy, what is your next step?

#### Part 5: Prevention

- What is your perspective on the role of pneumococcal and influenza vaccines in preventing CAP among adults aged 50 and older?

#### Finalizing Interview

- Thank the interviewee for spending their time with you
- Ask if there is any additional comment they want to make about the questions asked during the interview