

### Supplementary Table 3 (S3): Thematic Summary of CAP Management Practices and Guideline Adaptation

Theme	Subthemes
Navigating Diagnostic Limitations and Clinical Judgment	<ul style="list-style-type: none"> <li>- Selective use of Gram stain and culture</li> <li>- Blood cultures in high-risk cases</li> <li>- Influenza testing during peak seasons</li> <li>- Legionella and PCR tests for severe/ICU patients</li> <li>- Limited use of biomarkers and imaging in stable patients</li> </ul>
Pragmatic Prescribing: Aligning Guidelines with Local Realities	<ul style="list-style-type: none"> <li>- Preferred first-line antibiotics for low-risk CAP</li> <li>- Adjusted regimens for comorbid patients</li> <li>- Broader empiric coverage in hospitalized patients</li> <li>- ICU-level regimens combining beta-lactams and macrolides/fluoroquinolones</li> <li>- Locally adapted antibiotic recommendations by severity (see Table 2)</li> </ul>
ASP under Constraint: Responding to AMR and MDRO Risk	<ul style="list-style-type: none"> <li>- Broad-spectrum regimens in MDRO-risk scenarios</li> <li>- Selective anaerobic coverage for aspiration pneumonia</li> <li>- De-escalation based on clinical/lab response</li> <li>- Reassessment after 72 hours in non-responders</li> </ul>
Preventive Gaps and Missed Opportunities	<ul style="list-style-type: none"> <li>- Physician support for pneumococcal and influenza vaccination</li> <li>- Low uptake due to cost, awareness, and policy gaps</li> </ul>

NB: ICU = Intensive care unit; CAP = Community acquired pneumonia, MDRO = Multidrug-Resistant Organism, PCR = Polymerase Chain Reaction