A. At least one of the following:
1. Respiratory failure with >50% FIO$_2$
2. Hypotension unresponsive to fluids
3. Evidence of new organ dysfunction

B. At least one of the following:
1. CRP greater than 15 mg/dl
2. Lactic acid greater than 4
3. Metabolic acidosis with pH less than 7.2

C. No evidence of any of the following:
• Recent history of gastrointestinal bleeding
• Uncontrolled diabetes
• Severe immunocompromised host
• Influenza or other viral etiology of CAP

Start methylprednisolone 0.5 mg/kg IV q 12 hours with first dose given as soon as possible, for a total of 5 days.

If the patient reaches clinical stability and will be switched from IV to oral antibiotics, IV steroids can be switched to oral prednisone 50mg per day to complete the 5 days of high dose steroid therapy.

After 5 days of high dose steroids, followed with 5 days tapering dose with 40mg, 30mg, 20mg, 10mg, and 5mg, per day.

Even if a patient is a candidate for steroid therapy according to this algorithm, clinical judgment should be used to define the risk-benefit for each individual patient.