



Team Name: Pharmacy and Therapeutics	Reference Number: CLI.6010.PL.006
Team Lead: Regional Director - Pharmacy	Program Area: Pharmacy and Therapeutics
Approved by: V P- Medical Services	Policy Section: General
Issue Date: March 11 2015 Review Date: March 13 2019 Revision Date:	Subject: Antimicrobial Intravenous to Oral Therapeutic Conversion

POLICY SUBJECT:

Adult Antimicrobial Intravenous to Oral Therapeutic Conversion

PURPOSE:

To promote safe medication practices through consistent policy in the antimicrobial intravenous to oral therapeutic conversion.

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients

POLICY:

Patients with infections whose condition improve following an initial course of parenteral therapy are often candidates for continuation of therapy with oral antimicrobials. Studies have shown that appropriate conversion from intravenous to oral antimicrobial therapy can decrease the length of hospitalization without adversely affecting patient outcome and may improve patient care by reducing the risk of intravascular catheter infection because of shorter line dwell times and less endoluminal contamination.

This policy outlines formulary considerations and specific criteria for the substitution and therapeutic conversion of medications by the Antibiotic Stewardship Program.

PROCEDURE:

If the patient is receiving one of the listed parenteral antimicrobials, the health care professional can examine the duration and route of therapy and determine if it is clinically appropriate to perform a sequential, parenteral to oral antibiotic therapy conversion. The prescriber and/or unit will be notified of the conversion recommendation.

IMPORTANT POINTS TO CONSIDER:

Inclusion Criteria

- Tolerating food or enteral feeding; able to adequately absorb oral medications via the oral, gastric tube or nasogastric tube route
- Afebrile for at least 24 hours (temperature less than or equal to 38°C)
- Heart rate less than or equal to 90 beats per minute (rise in heart rate may be attributable to other factors)
- Respiratory rate less than or equal to 20 breaths per minute
- Systolic blood pressure greater than or equal to 90 mm Hg (without vasopressor drugs)
- Signs and symptoms of infection improvement according to assessment:
 - Improving White Blood Count and differential counts
 - Improving signs and symptoms
 - Hemodynamically stable
 - Patient is not septic
- Taking other critical medications orally

Exclusion Criteria

- Persistent nausea and vomiting, diarrhea
- Patient with the following gastrointestinal (GI) conditions:
 - Ileus or suspected ileus with no active bowel sounds
 - Patient is known to have a malabsorption syndrome
 - Proximal resection of small intestines
 - High nasogastric (NG) tube output or requiring continuous GI suction (greater than 500 mL per day)
 - Active GI bleed
- Patient has a serious or life threatening infection:
 - Meningitis, endocarditis, intracranial abscesses, osteomyelitis, septicemia, Legionella pneumonia
 - Inadequately drained abscesses
 - Cystic Fibrosis exacerbation
 - Severely immunocompromised (solid organ transplant, bone marrow transplant)

SUPPORTING DOCUMENTS:

[CLI.6010.PL.006.SD.01](#) IV to PO Step-Down Criteria and Chart

REFERENCES:

- Hunter, K., Dormaier, G. 1995. Pharmacist-Managed Intravenous to Oral Step-Down Program. *Clinical Therapeutics*. 17:534-540.
- Scheinfeld, N., Cunha, B. 2014. Intravenous –to-Oral Switch Therapy. *Medscape*.
<http://emedicine.medscape.com/article/237521>. Accessed on July 22, 2014