



**PHARMACY SERVICES
POLICY & PROCEDURE MANUAL**

**SECTION: MEDICATION MANAGEMENT –
MEDICATION THERAPY ASSESSMENT**

**SUBJECT: Antibiotic IV to PO Conversion
Program**

I. OBJECTIVE

To provide an objective criteria-based process for appropriate conversion of intravenous antibiotic therapy to the oral route.

II. BENEFITS OF IV TO PO CONVERSION

1. Decreased incidence of IV line-associated complications (e.g. phlebitis, line infections)
2. Improved patient ambulation
3. Improved patient comfort
4. Decreased length of stay
5. Decreased cost of care (direct and indirect)

III. PATIENT SELECTION

1. Able to tolerate oral or tube feeding
2. Criteria required for IV antibiotics prior to conversion to an oral equivalent:
 - a. 72 hours of receiving IV antibiotics
 - b. Temperature is trending down (or afebrile)
 - c. WBC is normalizing
 - d. Stable or improving radiographic findings (if applicable)

IV. EXCLUSION CRITERIA

1. NPO or patient lacking GI access
2. Patients with compromised GI absorption (e.g. diarrhea, ileus, shock or severe hypotension)
3. Patients at high risk for GI malabsorption (e.g. cystic fibrosis, short bowel syndrome, small bowel obstruction)
4. Not tolerating PO intake (e.g. nausea, vomiting, diarrhea, large residuals on tube feeding)
5. Patients receiving aluminum, magnesium, or calcium – containing antacids, zinc, multivitamins or sucralfate or continuous enteral feedings within several hours of quinolones or doxycycline
6. Specific for antibiotic conversion – the following diagnoses are excluded:
 - a. Endocarditis
 - b. Initial treatment of osteomyelitis
 - c. Meningitis
 - d. Neutropenia
 - e. Undrained abscess

V. PROTOCOL

1. The medications eligible for IV to PO conversion are as follows:
 - a. Azithromycin
 - b. Ciprofloxacin
 - c. Doxycycline
 - d. Fluconazole
 - e. Levofloxacin
 - f. Metronidazole
2. The pharmacist must then document therapeutic interchange:

Step 1: The pharmacist shall document in the “comments” section of the new order being entered in PharmNet stating “IV to PO conversion per policy”.

Step 2: The order will be entered under the provider who entered the original IV order

Step 3: The communication type will be “Per prior provider order, no cosign required”



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VI. REFERENCES

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