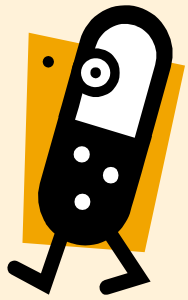
Let's Go PO

Transitional Antimicrobial Therapy



Benefits of Oral Therapy

- ✓ **Equally effective as IV**
- ✓ **Shortened Length of Stay**
- ✓ **Fewer Bacteremias**
- ✓ **Reduction in administration and preparation time**
- ✓ **Decreased drug cost**

Which Antimicrobial Agents?

Agents with >90% bioavailability:

Ciprofloxacin	Doxycycline
Levofloxacin	Minocycline
Fluconazole	Cephalexin
Metronidazole	Rifampin
Clindamycin	Linezolid
TMP/SMX	

Agents not absorbed well or at all from the GI tract

Vancomycin
Neomycin
Paramomycin
Nitrofurantoin (good for UTIs only)

When to transition?

- Functional GI tract
- Stable vital signs
- WBC normalizing

Which Infections?

Infections amenable to transitional therapy:

- Urinary tract infections including pyelonephritis
- Skin and soft tissue infections
- Respiratory tract infections
- Intra-abdominal infections

Avoid:

- Meningitis
- Acute osteomyelitis
- Endocarditis
- Staphylococcal bacteremia
- Undrained abscesses
- Septic Shock
- Persistent fever and neutropenia
- Mucositis

How to Transition?

Transitioning from the same drug to the same drug is straightforward

e.g., Levofloxacin IV to levofloxacin PO
(Exception: Clindamycin 600 mg IV--> 300 mg PO)

Other options:

Piperacillin/tazobactam

- levofloxacin + clindamycin
- levofloxacin + amoxicillin/ clavulanate
- levofloxacin + metronidazole

Cefepime

- Ciprofloxacin + cephalexin
- Levofloxacin

Imipenem

- Ciprofloxacin + amoxicillin/clavulanate
- Levofloxacin + amoxicillin clavulanate (use Ciprofloxacin if documented P.aeruginosa)

Oxacillin or Cefazolin

Cephalexin	Levofloxacin
Minocycline	Doxycycline

CHECK CULTURES AND SUSCEPTIBILITY RESULTS PRIOR TO ANY CHANGES
http://gotabug.med.miami.edu
"Spreading Knowledge Preventing Resistance"