[Facility Logo]

**SUBJECT:** Automatic Antimicrobial IV to PO Conversion

**POLICY NO.:** [Policy number]

**DATE ISSUED:** [Date policy created]

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**APPROVED BY:** [Approving individual or committee]

**Background**A number of antimicrobial agents produce comparable systemic concentrations regardless of intravenous (IV) or oral (PO) route of administration. Early conversion from IV to PO therapy can potentially reduce bloodstream infections, phlebitis, length of stays, and cost of therapy.

**Conversion Criteria**Patients who fulfill all of the following criteria will be automatically converted from IV to PO antibiotic therapy:

1. Functioning GI tract
2. Receiving oral or enteral medications
3. Receiving oral or enteral diet, and
4. Receiving an approved IV/PO equivalent antibiotic (see list below)

**Table 1. Approved IV/PO Equivalent Antibiotics and Regimens**

|  |  |  |
| --- | --- | --- |
| **Antibiotic** | **IV Regimen** | **Equivalent PO Regimen** |
| Azithromycin | 250 mg IV q24h | 250 mg PO q24h |
| 500 mg IV q24h | 500 mg PO q24h |
| Clindamycin | 300 mg IV q6h or q8h | 150 mg PO, same frequency |
| 600 mg IV q6h or q8h | 300 mg PO, same frequency |
| 900 mg IV q6h or q8h | 450 mg PO, same frequency |
| Ciprofloxacin | 200 mg IV q12h or q24h | 250 mg PO, same frequency |
| 400 mg IV q12h or q24h | 500 mg PO, same frequency |
| 400 mg IV q8h | 750 mg PO q12h |
| Doxycycline | 100 mg IV q12h | 100 mg PO q12h |
| Fluconazole | 100 mg to 800 mg IV q24h | Same dose, PO q24h |
| Levofloxacin | 250 mg IV q24h or q48h | 250 mg PO, same frequency |
|  | 500 mg IV q24h or q48h | 500 mg PO, same frequency |
|  | 750 mg IV q24h or q48h | 750 mg PO, same frequency |
| Linezolid | 600 mg IV q12h | 600 mg PO q12h |
| Metronidazole | 500 mg IV q8h | 500 mg PO q8h |
| Rifampin | 300 mg IV q12h or q8h | 300 mg PO, same frequency |
|  | 600 mg IV q24h | 600 mg PO q24h |
| TMP-SMX | Various dose IV q6h to q24h | Same dose\* PO q6h to q24h |

\* Adjust dose to the closest single- (80mg TMP) or double- (160mg TMP) strength tablet equivalent

**Procedures**

1. After one dose of IV antibiotic therapy, patient will be evaluated for eligibility to continue treatment with PO antibiotic therapy
2. If all conversion criteria are met, IV antibiotic order will be discontinued
3. A new PO antibiotic order will be entered via CPOE system starting with the next scheduled dose
4. IV to PO therapy conversion will be document in patient’s EMR with the following information:
   1. Date/time of review
   2. Current IV regimen, including dose and frequency
   3. Criteria making patients eligible for IV-to-PO conversion,
   4. New PO regimen, including dose and frequency
   5. Date/time of first scheduled PO dose
5. If IV therapy is not converted after initial review, patient will be re-evaluated daily for eligibility to convert to PO therapy
6. If primary provider disagrees with IV-to-PO conversion, he/she can discontinue order for PO therapy and enter order for IV therapy in CPOE
7. If primary provider agrees with IV-to-PO conversion but would like to change medication or adjust dosing regimen, he/she can discontinue current PO order and place a new antibiotic order in CPOE