

IV to Oral Switch

Introduction

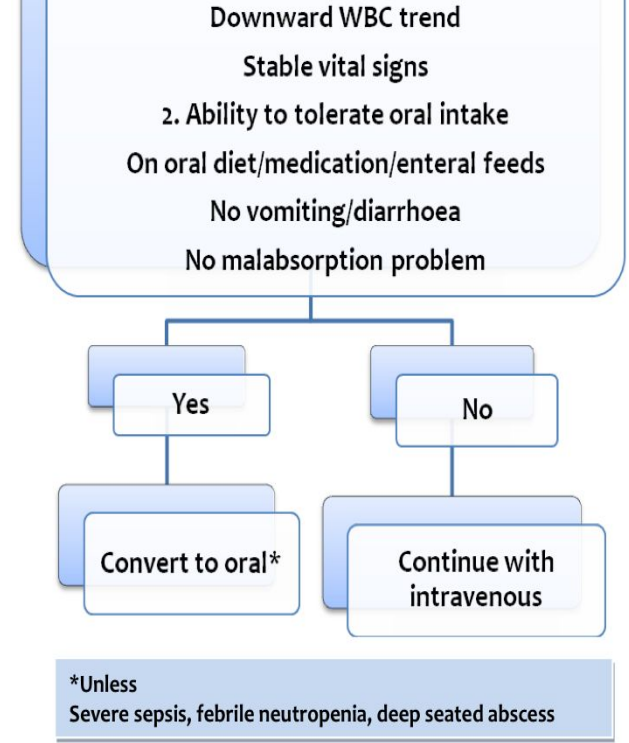
- ▶ Short intravenous course of therapy for 2-3 days followed by oral medications.
- ▶ Oral administration- Most acceptable and economical
- ▶ Cheaper or older antibiotic

WHY TO SWITCH ?

- ▶ Low risk of IV infusion-site infections (Thrombophlebitis)
- ▶ Lower cost of therapy
- ▶ Decrease in overall cost of treatment
- ▶ Patient friendly approach (Early mobility, early discharge)

WHEN TO SWITCH?

- ▶ Antimicrobial treatment indicated
- ▶ Patient has improved clinically
- ▶ Oral intake (food and fluids) well-tolerated
- ▶ Appropriate oral antibiotic is available
- ▶ No indication for prolonged IV therapy or high tissue antibiotic concentration



WHEN IS SWITCH INAPPROPRIATE?

- ▶ Deep seated-infection (abscess-not amenable on drainage)
- ▶ Infected implant or prosthesis
- ▶ Staphylococcus aureus bacteremia
- ▶ Meningitis
- ▶ Osteomyelitis
- ▶ Encephalitis
- ▶ Vascular graft
- ▶ Septic arthritis
- ▶ Necrotizing soft tissue infection
- ▶ Endocarditis
- ▶ Cystic fibrosis
- ▶ Central venous device infection
- ▶ Necrotizing enterocolitis

What to Switch?

- ▶ Antibiotics suitable for IV to oral conversion with highest bioavailability (~90%) includes
 - ▶ Ciprofloxacin (70-80%)
 - ▶ Levofloxacin (>90%)
 - ▶ Moxifloxacin (~90%)
 - ▶ Metronidazole (>95%)
 - ▶ Co-trimoxazole (>90%)
 - ▶ Fluconazole (>90%)
 - ▶ Linezolid (>90%)
 - ▶ Clindamycin (>87%).

Recommendations

INTRAVENOUS	ORAL
Benzylpenicillin 1.2g-1.8g 6- hourly Amoxicillin 1-2g 8-hourly Ampicillin-sulbactam 1.5-3 g 6-hourly	Amoxicillin 1g 8-hourly Or Amoxicillin-clavulanate 875/125mg 12-hourly
Amoxicillin-clavulanate 1.2g	Amoxicillin-clavulanate 875/125mg 12-Hourly
Cefuroxime 750mg-1.5g 8- hourly	Cefuroxime 500mg 12-hourly
Ceftriaxone 1g - 2g daily	Amoxicillin-clavulanate **875/125mg 12-hourly Or Cefuroxime 500mg 12-hourly (if respiratory infection) Or Cefixime 200mg 12-hourly or 400mg 24-hourly
Cefazolin 1g-2g 8 hourly	Cefalexin 500mg-1g 6 hourly
Piperacillin-tazobactam 4.5g 6 hourly OR 8 hourly	Amoxicillin-clavulanate 875/125mg 12-hourly 1 (Add ciprofloxacin 500- 750mg 12-hourly or levofloxacin 500-750 mg daily if specific Pseudomonas cover needed)

INTRAVENOUS	ORAL
Imipenem 500mg-1g 6 to 8- hourly Meropenem 1-2g 8-hourly	Amoxicillin-clavulanate 875/125mg 12-hourly Or Cefixime 200mg 12-hourly or 400mg 24-hourly. (Add Ciprofloxacin 500- 750mg 12-hourly or Levofloxacin 500-750 mg daily if specific Pseudomonas cover needed)
Vancomycin 25mg/kg 12- hourly Linezolid 600 mg 12-hourly Clindamycin 450mg 8-hourly	Clindamycin 150-450mg 8- hourly or Linezolid 600 mg 12-hourly or Cotrimoxazole 80 mg TMP/400 mg SMX (if MRSA is susceptible)
Metronidazole 500mg 12- hourly	Metronidazole 400mg 8 to 12-hourly
Azithromycin 500mg daily	Azithromycin 500mg daily or Doxycycline 100mg daily
Amphotericin B (AMB) 0.1- 1.5 mg/kg per day Liposomal AMB 3-6 mg/kg/day Fluconazole 400-800 mg once daily	Fluconazole 400-800 mg once daily



Thanks
to AMSP
TEAM!!