IV to PO Antimicrobials

ADSP Antimicrobial and Diagnostic Stewardship Program

See NM System Policy "Intravenous to Enteral Conversion (IV to PO) (18.3019)" for more details.
See page 2 for IV to PO switch exceptions.

Medication	Indication, any indications unless otherwise noted	IV to Enteral Conversion			
		Intravenous (IV)		Enteral (PO or Per Tube)	
		Dose	Frequency	Dose	Frequency
Azithromycin[+]		Any		Same as IV	
Cefazolin to Cephalexin*[+]	Cystitis only	Any		1 g	q12h
Clindamycin**		300mg	q8h	300 mg	q8h
		600mg		450 mg	q8h
		900mg		450 mg	q8h
Ciprofloxacin**	Severe infection or *Pseudomonas* systemic infection	400 mg	q8h	750 mg	q12h
	Non-severe systemic infections and cystitis (including *Pseudomonas*)	400 mg	q12h	500 mg	q12h
Doxycycline		Any		Same as IV	
Fluconazole[¥]		Any		Same as IV	
Isavuconazole[¥]		Any		Same as IV	
Levofloxacin		Any		Same as IV	
Linezolid		Any		Same as IV	
Metronidazole	Non-*C. difficile* infections	Any		Same as IV	
Posaconazole[¥]		300 mg	q24h	300 mg (DR tablet only)	q24h
Rifampin		Any		Same as IV	
Sulfamethoxazole/ Trimethoprim (TMP/SMX)^	Systemic infection	2.5-5 mg/kg	q12h	Same as IV with max 320 mg/dose (2 DS tabs)	q12h
	Stenotrophomonas spp.	5 mg/kg	q12h	Same as IV with max 320 mg/dose (2 DS tabs)	q12h
	PJP treatment	5 mg/kg	q8h	Same as IV with max 320 mg/dose (2 DS tabs)	q8h
Voriconazole[¥]		4 mg/kg	q12h	Same as IV	

***Reflective of standard dosing for patients with normal renal function**

****Dosing dependent on indication. Note for severe infections caused by MRSA may consider PO clinda doses up to 600 mg q8hr [+] Beta-lactams and macrolides have more unpredictable absorption post-gastric bypass surgery.**

^TMP/SMX dosing based on indication and generally should follow weight-based ranges as provided above.

[¥] Note: Initiation of azole antifungals generally requires loading doses when used for treatment of fungal infections.

Criteria for IV to Enteral Conversion	**Exclusion Criteria** 1. Patient is < 18 years old 2. Inability to take enteral medications: a. NPO status and unable to take medications with sips of water b. Severe nausea and vomiting c. Active gastrointestinal (GI) bleed, GI obstruction, malabsorption syndrome, short gut, or ileus d. Inability to swallow or risk of aspiration in the absence of a feeding tube, due to stroke or decreased level of consciousness 3. Patients **not** capable of taking enteral medications while on continuous tube feeds that cannot be interrupted, total parenteral nutrition (TPN), or nasogastric suction 4. Hemodynamically unstable patients (e.g., requiring vasopressor support, systolic blood pressure ≤90 mmHg or MAP ≤65 mmHg within the last 24 hours)
Additional Criteria Applicable for Antimicrobials ONLY	**Exclusion Criteria:** 1. Patients with a severe or deep-seated infection for which initial oral therapy likely not recommended (e.g., documented/suspected meningitis or CNS infection, febrile neutropenia with concern for infection, severe sepsis/septic shock, cystic fibrosis exacerbations, persistent bacteremia, endocarditis, acute osteomyelitis, septic arthritis, undrained abscess/empyema) a. Requires discussion and consensus between pharmacist and prescriber prior to enteral conversion.