

**Marianjoy Rehabilitation Hospital
Pharmacy & Therapeutics Committee
November 9th 2016**

Automatic IV to PO Conversion Protocol

Purpose: To allow for the conversion of intravenous medications to oral equivalents when medically appropriate in an effort to reduce line-associated risk, reduce nosocomial-acquired infection risk, improve patient satisfaction, promotes earlier and easier ambulation, and reduce costs.

Medication included in the conversion:

Levofloxacin	Levofloxacin converts mg for mg
Ciprofloxacin	Ciprofloxacin 200mg IV –250mg PO Ciprofloxacin 400mg IV q12h –500mg PO q12h Ciprofloxacin 400mg IV q8h –750mg PO q12h
Metronidazole	Converts mg to mg
Azithromycin	Converts mg to mg
Cefazolin	Cefazolin 1gm IV q8h—Cephalexin 500mg PO q6h Cefazolin 2gm IV q8h—Cephalexin 1000mg PO q6h
Doxycycline	Converts mg to mg
Linezolid	Converts mg to mg
Fluconazole	Converts mg to mg
Sulfamethoxazole/trimethoprim	Use oral equivalent of IV dose rounded to the nearest 160mg of trimethoprim component
Ampicillin	1gm IV q6h converts to Amoxicillin 500mg PO q8h
Ampicillin/sulbactam	All doses converts to Amoxicillin/Clavulanate 500mg/125mg PO q8h or 875mg/125mg PO q12h
Levothyroxine	PO dose is twice the IV dose
Famotidine	Converts mg for mg
Pantoprazole	Converts mg for mg
❖ Conversion based on previously established dose equivalence or the bioavailability of the medication	

Exclusion criteria for conversion	
1. Diagnosis requiring high levels of antibiotic penetration	<ul style="list-style-type: none"> - meningitis or CNS infection - Endocarditis - Neutropenia w/ or w/o fever - Orbital Cellulitis - Pediatrics less than 16 years old <ul style="list-style-type: none"> - Sepsis - Endophthalmitis - Pregnancy - Osteomyelitis
2. Diagnosis interfering with medication absorption	<ul style="list-style-type: none"> - severe or persistent nausea or vomiting or diarrhea - GI obstruction or Ileus or gastrectomy - Malabsorption - Active GI bleed - Grade III or Grade IV mucositis - Unable to swallow or NPO - refuses oral medication - Short bowel syndrome
3. Patient not improving or worsening clinically	<ul style="list-style-type: none"> - Temporal temp $\geq 100.4^{\circ}\text{F}$ - WBC $\geq 15\text{k}/\text{nm}^3$ and not trending to normal - not tolerating oral or tube feed/medication - sbp ≤ 90 mmHg - HR ≥ 100 beats per minute - Respiratory rate ≥ 24 breaths per minute - Worsening chest x-ray (when applicable)
Inclusion criteria for conversion	
1. clinically stable	<ul style="list-style-type: none"> - afebrile or temporal temp $< 100.4^{\circ}\text{F}$ in the last 24 hour - normalizing WBC with $< 15\text{K}/\text{nm}^3$ - normalizing oxygen saturation - stable vital signs
2. Tolerating enteral intake	<ul style="list-style-type: none"> - intact and functioning GI tract - tolerate oral diet or oral meds
3. Does not meet any of the exclusion criteria	