

Antimicrobial Route of Administration (IV to PO) Therapeutic Conversion

Patients on the targeted IV antimicrobials should be assessed **within 72 hours** of the start of IV therapy and regularly thereafter for the appropriateness of IV to PO conversion based on the following criteria (see below for list of targeted antimicrobials and their renal dose adjustments).

GENERAL CRITERIA

The patient:

- is tolerating food, enteral feeds and/or other oral medications AND
- is **not** showing evidence of malabsorption (e.g. diarrhea/vomiting) AND
- does **not** have continuous nasogastric suctioning, gastrectomy, malabsorption syndrome, GI obstruction or ileostomy

ANTIMICROBIAL CRITERIA

The patient:

- is clinically improving (which may include documented improved clinical signs and symptoms of infection, normalizing white blood cell count, etc...) AND
- is hemodynamically stable AND
- has been afebrile for at least 48 hours (i.e. temperature less than 38°C) AND
- is not being treated for a condition where parenteral therapy is clinically indicated, including but not limited to: endocarditis, CNS infection, osteomyelitis, *S. aureus* bacteremia, undrained or complicated abscess, cystic fibrosis, febrile neutropenia AND
- doesn't have a pathogenic isolate showing resistance to the suggested antibiotic

Drug	IV dose	PO drug/dose	Interval
azithromycin	250 or 500 mg q24h	azithromycin 250 mg	q24h
ceFAZolin ¹	1000 mg q8h	cephalexin ^{1,2} 500 mg	q6h
	2000 mg q8h		
cefTRIAxone (For community-acquired pneumonia or acute exacerbation of COPD)	1000 mg q24h	amoxicillin/clavulanate ^{1,2} 875/125 mg	q12h
	2000 mg q24h		
ciprofloxacin ¹	400 mg q12h or q24h	ciprofloxacin ¹ 500 mg	Same as IV
	400 mg q8h	ciprofloxacin ¹ 750 mg	q12h
clindamycin	600-900 mg q8h or q12h	clindamycin 450 mg	q6h
metroNIDAZOLE ¹	500 mg q8h or q12h	metroNIDAZOLE ¹ 500 mg	Same as IV
moxifloxacin	400 mg q24h	moxifloxacin 400 mg	q24h
levofloxacin ¹	500-750 mg q24h	levofloxacin ¹ (dose same as IV)	Same as IV

¹Dose adjustment required in renal impairment
²Assess for true penicillin allergy

Drug	Usual adult dose (CrCl equal to or greater than 50 mL/min)	CrCl 30 - 49 mL/min	CrCl 10 - 29 mL/min	CrCl less than 10 mL/min
amoxicillin + clavulanate	875/125 mg q12h	no adjustment	500/125 mg q12h	500/125 mg q24h
cephalexin	500 mg q6h	500 mg q8h	500 mg q12h	500 mg q24h
	1000 mg q8h	no adjustment	1000 mg q12h	1000 mg q24h
ceFAZolin	2000 mg q8h	no adjustment	2000 mg q12h	2000 mg q24h
	250-500 mg q12h	no adjustment	extend interval to q24h	extend interval to q24h
ciprofloxacin PO	750 mg q12h	500 mg q12h	500 mg q24h	500 mg q24h
	400 mg IV q12h	no adjustment	400 mg q24h	400 mg q24h
ciprofloxacin IV	400 mg IV q8h	400 mg q12h	400 mg q24h	400 mg q24h
	500 mg q8h or q12h	no adjustment	no adjustment	500 mg q12h
metroNIDAZOLE	500 mg q8h or q12h	no adjustment	no adjustment	500 mg q12h
levofloxacin	750 mg q24h	CrCl 20-49 mL/min 750 mg q48h		CrCl less than 20 mL/min 500 mg q48h
	500 mg q24h	CrCl 20-49 mL/min 250 mg q24h		CrCl less than 20 mL/min 250 mg q48h

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