

# do one thing *differently*

Targeting Antimicrobial Stewardship:  
IV to PO Protocol

## Think About It

The ideal route of administration of any medication including antimicrobials is one that achieves serum concentrations sufficient to produce the desired effect without undesired side effects.

Hospitalized patients are often prescribed intravenous (IV) antimicrobials due to the rapid onset of action and better bioavailability, however, IV medications put the patient at risk for thrombophlebitis and catheter related infections as well as increased cost of treatment.

Adopting an IV to PO (Oral/by mouth) protocol will enable your Antimicrobial Stewardship Program (ASP) to optimize antimicrobial use and minimize adverse effects of antimicrobials without compromising clinical outcomes of the patient.

## Implementation Tools and Resources

1. [AJIC IV to PO](#)
2. [IV to PO Conversion](#)
3. [IV to PO Conversion Guide](#)

## Did You Know?

### Terms for IV to PO Therapy Conversions

1. **Sequential therapy**
  - Replacing Intravenous (IV) or parenteral medication with the same oral compound
  - Example: Levofloxacin 500mg IV Q24H to Levofloxacin 500mg PO Q24H
2. **Switch therapy**
  - Conversion of IV medication to the oral equivalent within the same class and level of potency but a different compound
  - Example: Levofloxacin 500mg IV Q24H to Ciprofloxacin 500mg PO Q12H
3. **Step-down therapy**
  - Converting from an IV medication to an oral agent in another class when the frequency, dose and activity are similar but not exactly the same
  - Example: Converting from Ampicillin/Sulbactam 3 g IV q 6 hr to Amoxicillin/Clavulanate 875 mg PO q 12 hr is an example of step-down therapy

## Best Practices

### Inclusion Criteria for Conversion of Antimicrobial IV to PO

- Clinical Improvement
- Functioning GI Tract
- Receiving other oral or enteral medications
- Receiving oral or enteral diet
- Receiving an approved IV/PO equivalent antimicrobial

### Continued Evaluation for Appropriate Response to the PO Antimicrobial

- Continued Clinical stability
  - Stabilized vital signs
  - Afebrile
  - Resolving leukocytosis
  - Symptomatic improvement