

Call To Action!

Increase PO/Enteral Antibiotic Utilization

System IV fluid conservation efforts are necessary to minimize the risk of negative impact to patient care and of the organization running out of supplies. Utilizing oral antibiotics when appropriate can help us achieve this goal.

Benefits of IV to PO Conversion

- Increase patient satisfaction, patient mobility and comfort.
- IV TO PO conversions can reduce the chance of secondary IV-line complications such as thrombophlebitis and line infections.
- Reduce the average patient's length of stay and as such, the overall risk of developing hospital-acquired infections is reduced.
- With appropriate IV to PO conversion, there is no difference in treatment success or mortality.

Intravenous to Enteral Route Change by Pharmacy Protocol

Select Inclusion Criteria	Select Exclusion Criteria
<ul style="list-style-type: none">• Adults tolerating full liquid diet or better, tube feeds, or other enteral medications• Received ≥ 24 hours antibiotic therapy• Patient has stable or improving clinical status	<ul style="list-style-type: none">• Active NPO order• Feeding tube inappropriate for medication administration• Recent vomiting• Complete bowel rest• Active GI bleed or obstruction• Documented malabsorption• SLP recommendation against PO meds• Refusal of enteral medications• Esophagitis, stomatitis, or mucositis• Located in ICU• CNS infection, endocarditis, febrile neutropenia, severe immune compromise, osteomyelitis, septic arthritis, or bacteremia

Link to full criteria: [Intravenous to Enteral Route Change by Pharmacy Protocol v.5](#)

Antimicrobials that can be converted to PO per pharmacist protocol

Ceftriaxone (when prescribed for CAP), ciprofloxacin, clindamycin, doxycycline, fluconazole, isavuconazonium, levofloxacin, linezolid, metronidazole, minocycline, moxifloxacin, posaconazole, rifampin.