Intravenous to Oral Therapy Conversion

Malcolm P. Schuler, Pharm.D.



"Many hospitalized patients continue to receive intravenous medications longer than necessary. Earlier conversion from the intravenous to the oral route could increase patient

safety, reduce costs, and facilitate earlier discharge from the hospital without compromising clinical care."



Objective

To provide an objective criteria-based process for the appropriate conversion of intravenous drug therapy to the oral route in adult hospitalized patients.



Benefits of IV to PO Conversion

- Decreased incidence of infusion-related adverse events (e.g. phlebitis, line infections)
- Improved patient ambulation
- Improved patient comfort
- Decreased length of stay
- Decreased cost of care (direct and indirect)



Patient Selection Criteria

- Intact and functioning GI tract
 Able to tolerate oral or enteral feeding (defined as tolerating at least a clear liquid diet or enteral feedings for 24 hours)
- Improving clinical status specific for drug therapy to be converted
- Criteria required for IV antibiotics prior to PO conversion:
 - Tmax < 100.4°F in the previous 24 hours
 - WBC is normalizing
 - Absence of neutropenia (defined as ANC < 500/mm³)
- Meets no exclusion criteria



Exclusion Criteria

- Patient is NPO, meaning at least one of the following:
 - Active NPO order in the chart
 - All medications by the non-oral route
 - No oral dietary or fluid intake
 - Ongoing, frequent operative procedures (including wound I & D) that require recurring NPO status



- Risk of aspiration without feeding tube access:
 - Inadequate gag reflex
 - Decreased level of consciousness/responsiveness, including comatose state
 - Uncontrolled seizures



- Non-functioning/inadequate GI tract function, including:
 - Gastrointestinal obstruction
 - Active order for complete bowel rest
 - Inflammatory bowel disease (acute exacerbation)
 - Acute pancreatitis



- Non-functioning/inadequate GI tract function (continued):
 - Fistula
 - Documented ileus
 - Active GI bleeding
 - Severe nausea, vomiting, or diarrhea



- Non-functioning/inadequate GI tract function (continued):
 - Continuous nasogastric suction
 - Malabsorption syndromes
 - Short bowel syndromes
 - Tube feeding residuals defined as greater than 250ml



• Other:

- Patient refuses oral therapy
- Patient has undergone bone marrow transplantation
- Patient is hemodynamically unstable
 Requiring vasopressor agents
 Pulse > 120, respiratory rate > 24, systolic BP < 90



- For Antibiotic Conversion, the following diagnoses are excluded:
 - Central nervous system infections (including meningitis)
 - Endocarditis
 - Mediastinitis
 - Osteomyelitis
 - Cystic fibrosis exacerbations



- For Antibiotic Conversion, the following diagnoses are excluded (continued):
 - Persistent bacteremia or fungemia
 - Legionella pneumonia
 - Necrotizing fasciitis
 - Undrained abscess, inadequately drained abscess or emphysema



Ideal Characteristics of Oral Medications Included in an IV to PO Conversion Program

- Should have excellent bioavailability (ideally greater than 80%)
- Should be well tolerated upon administration
- Availability of multiple dosage forms (e.g., tablets and liquids)
- Dosing at a frequency equivalent to or less than the IV formulation
- Use should be supported by clinical data



Medications To Be Screened For IV to PO Conversion

- Azithromycin
- Chlorothiazide
- Ciprofloxacin
- Clindamycin
- Doxycycline
- Famotidine
- Fluconazole
- Folic Acid
- Levetiracetam
- Levofloxacin

- Linezolid
- Metronidazole
- Moxifloxacin
- Multivitamin
- Pantoprazole
- Rifampin
- Sulfamethoxazole/Ttimethoprim
- Thiamine
- Voriconazole



Conversion Chart

Medication	PO Equivalent
Azithromycin	Not technically IV = PO but if pt. has gotten 1 dose of IV azithro, (because of its HUGE Vd and Long $T_{2}^{1/2}$), switch to oral therapy at same dose is OK.
Chlorothiazide	
Doxycycline	IV = PO
Famotidine	Same dose & same frequency
Fluconazole	For BOTH IV and PO
Folic Acid	



Conversion Chart (continued)

Medication	PO Equivalent
Levetiracetam	
Levofloxacin	
Linezolid	IV = PO
Metronidazole	Same dose & same frequency
Moxifloxacin	For BOTH IV and PO
Pantoprazole	
Rifampin	
Thiamine	



Conversion Chart (continued)

Medication	PO Equivalent
	IV = PO
Sulfamethoxazole/Trimethoprim	Same dose & same frequency
Voriconazole	For BOTH IV and PO
	(round up to nearest # of tablets)
	200mg IV Q24 = 250mg PO Q24
	200mg IV Q12 = 250mg PO Q12
Ciprofloxacin	400mg IV Q24 = 500mg PO Q24
	400mg IV Q12 = 500mg PO Q12
	400mg IV Q8 = 750mg PO Q12



Conversion Chart (continued)

Medication	PO Equivalent
Clindamycin	 IV = PO but can't give as high of a dose because of intolerability so will usually be OK with a lower dose as pt gets better IV dose: 600 – 900mg Q6-8H PO dose: 300 – 450mg Q6-8H
Multivitamin Injection	1 tablet Q24H



Epic and acuity scoring

Health System

 Patients on IV medications that we are targeting and who are not NPO will appear in the acuity scoring for that day.

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Epic and acuity scoring

- A sticky note will be left for the physician to inform them this patient may be appropriate to IV to PO switch.
- The pharmacist leaving the sticky not will open and IV to po i-Vent, leave this i-Vent open until the medication is changed.
- Then i-Vents acuity will now have a 10 to signify there is a open i-Vent. The following pharmacist will check on these open i-Vents and close then when appropriate.
- Also remove sticky note when IV to po is addressed.



RX snapshot to see sticky notes

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Medications	metoprolol (TOPROL-XL) 25 MG 24 hr tablet simvastatin (ZOCOR) 40 MG tablet			
Order Review	Diabetes mellitus (Chronic)	250.00	12/8/2004 - Present	12/8/2012 by Stethoscope,Sam, MD
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Add/Edit to add sticky note

Health System

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	D/C morphine injection 4 mg		Dispensed	IV	Every 2 hours PRN		severe pain 7-	12/08 0952	

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Health System

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When iv is switched to po - close i-vent

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nmunizations				morphine injection 4 mg	4 mg	Intravenous	@ 100 mL/hr Every 2 hours	0900 12/8/2012			
MAR	√ 🕅	9					PRN for severe pain 7-10/10 pain scale	0952			
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Waterbath,F	Frankie TRNLabFrankie, N DOB: 05/16/1958 Sex: Male Hospital, Allergies: Ht 5	"9" (1.75 BSA: 2.02 On Dialysis?: ‹g): 83.9 CrCl: None
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Immunizations	Significance: Medium	
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When iv is switched to po – remove sticky note

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	NONE						
	NONE Current Inpatient Medication C D/C Current Inpatient Medica					PRN Reason Start	End
	NONE Current Inpatient Medication C D/C Current Inpatient Medica D/C 0.9% NaCl infusion			Acc		PRN Reason Start 1 12/08 0900	
	NONE Current Inpatient Medication C D/C Current Inpatient Medica			Acc		PRN Reason Start	

Health System