IV to PO Pharmacy Conversion Protocol

Inclusion Criteria for IV to PO Conversion:

Must satisfy below criteria:

- Tolerate oral diet or enteral nutrition and/or receiving oral medications
- Infection does not require IV antibiotics
- Afebrile (< 100.4˚F in the last 24 hours)
- Received ≥ 24 hours of IV antibiotics
- Documentation of clinical improvement
- Non-neutropenic (ANC > 500)
- WBC <11 cells/µL or improving (defined as WBC <15 and decrease by ≥2 in 48 hrs

Infections that Require IV Antibiotics

- CNS infections (e.g. meningitis brain/spinal abscess)
- Orbital cellulitis
- Endocarditis
- Mediastinitis
- Osteomyelitis
- Gangrene
- Empyema
- Neutropenic fever
- Pancreatic necrosis or abscess
- Bloodstream infection due to *Staphylococcus aureus*, *Pseudomonas*, *Enterococcus,* or *Candida*
- Endophthalmitis
- Cystic fibrosis exacerbation

Exclusion Criteria

- NPO status that includes medications
- Post-pyloric enteral tube
  - Dobhoff, J tube
- Inability or difficulty swallowing AND no enteral access
- NG tube residuals > 500 ml for ≥ 2x in 24 hours
- Nausea/ vomiting with use of an antiemetic in the previous 24 hours
- Active GI bleed
- Mucositis
- Continuous tube feedings that cannot be interrupted (applies only to drugs that bind to enteral formula)
- Continuous nasogastric (NG) tube suctioning
- Short bowel syndrome, ileus, partial/total gastrectomy
- Shock with vasopressor use in the previous 24 hours

Automatic Pharmacy Conversions

Non-Antimicrobial

IV Agents			Oral Agents	
Famotidine	20 mg	Q12 - 24h	Same dose	Same frequency
Lacosamide	50-200 mg	Q12h	Same dose	Same frequency
Levetiracetam**	500-1500 mg	Q12h	Same dose	Same frequency
Levothyroxine†	Dose varies	Daily	Double IV dose	Daily
Methocarbamol‡	1000 mg	Q8h	750 mg	Q8h
Metoclopramide	5 - 10 mg	Q6 - 12h	Same dose	Same frequency
Pantoprazole	40 mg	Q24h	Same dose	Same frequency
Folic Acid	1 mg	Q24h	Same dose	Same frequency
Thiamine^	100 mg	Q24h	Same dose	Same frequency

Antimicrobials

IV Agents			Oral Agents	
Azithromycin	250 - 500 mg	Q24h	Same dose	Same frequency
Ciprofloxacin	400 mg 400 mg	Q12h Q8h	500 mg 750 mg	Q12h Q12h
Doxycycline	100 mg	Q12h	Same dose	Same frequency
Fluconazole	100 - 400 mg	Q24h	Same dose	Same frequency
Levofloxacin	250 - 750 mg	Q24h	Same dose	Same frequency
Linezolid	600 mg	Q12h	Same dose	Same frequency
Metronidazole	500 mg	Q8h or Q12h	Same dose	Same frequency
Voriconazole	100-200mg or 4mg/kg	Q12h	Same dose	Same frequency

Opportunities for Step-Down Therapy -Must contact provider to obtain order for IV to PO Conversion

IV Agents			Oral Agents		
Fosphenytoin**	100 mg	Q8 - 12h	Phenytoin	Same dose	Same frequency
Phenytoin**	100 mg	Q8 - 12h	Phenytoin	Same dose	Same frequency

IV Agents			Oral Agents^^		
Ampicillin	500 mg - 1g	Q6 - 8h Q12h Q24h	Amoxicillin	500 mg	Q8h Q12h Q24h
Ampicillin/Sulbactam	1.5 - 3g	Q6h	Amox/clav	875mg/125mg	Q12h
Cefazolin	1 - 2 g	Q8h Q12-24h	Cephalexin	500 mg	Q6h Q8 - 12h
Ceftriaxone	1 - 2 g	Q24h	Cefdinir	300mg	Q12h
TMP-SMX#	5-20mg/kg	Divided q6-24h	TMP-SMX#	Same dose	Same frequency

** Patient must be seizure free for 24 hours

†Round to nearest tablet size; if oral dose is different from home dose, must contact prescriber to confirm appropriate dosing; exclusion for automatic conversion is myxedema coma

‡Methocarbamol injection can be used for up to 24 hours before it is eligible for conversion to oral therapy

^Excluded if being used for prevention or treatment of Wernicke's encephalopathy

If being used for PCP pneumonia, ensure significant clinical improvement has occurred before recommending switch to PO

^^Refer to Renal Dosing Protocol for indication-based dosing and adjustments

Updated June 2023