Antibiotics: IV to PO Stepdown

Recent studies support using oral antibiotics to treat many infections. If your patient is receiving IV antibiotics, consider a switch to oral if:

- ❑ Patient is **clinically improving,** with ≥2 of:
  - Afebrile
  - HR <90 beats per minute
  - RR <20 per minute
  - WBC 4 - 12 x 10^9 cells/L

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- ❑ An appropriate oral option is available based on susceptibilities
- ❑ Able to tolerate oral intake
- ❑ No factors affecting oral absorption

IV Antibiotic	Indication	Possible PO Stepdown*
Ceftriaxone	Pneumonia	Amoxicillin 500mg PO TID **OR** Cefuroxime 500mg PO TID
	Biliary	Amoxicillin-clavulanate 875mg PO BID **OR** If penicillin allergic: Ciprofloxacin 500mg PO BID + Metronidazole 500 mg PO BID
	Urinary Tract	Amoxicillin 500mg PO TID **OR** Cefixime 400mg PO daily **OR** Co-trimoxazole (TMP-SMX) 1 DS tab PO BID **OR** Nitrofurantoin 100mg PO BID (cystitis only)
Cefazolin	Non-purulent cellulitis	Cephalexin 500mg – 1000mg PO QID
Piperacillin – tazobactam **OR** Meropenem		Amoxicillin-clavulanate 875mg PO BID +/- Ciprofloxacin 750mg PO BID for *Pseudomonas* coverage **OR** if penicillin allergic: Ciprofloxacin 500 mg PO BID + Metronidazole 500mg PO BID **OR** Ciprofloxacin 500 mg PO BID + Clindamycin 600 mg PO TID
Vancomycin	MRSA Infection	**Review reported susceptibilities**. Possible oral options include: Doxycycline 100mg PO BID **OR** Co-trimoxazole (TMP-SMX) 2 DS tabs PO BID **OR** Clindamycin 600mg PO TID

If unable to use above options, consult ID

NOTE: these suggestions assume **normal** renal and hepatic function and BMI <40, with no antibiotic allergies
* If a pathogen has been identified, ensure organism is susceptible prior to PO stepdown

ASPIRES smart prescribing
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