





Contra-indications to oral antimicrobial treatment

Continues to meet sepsis criteria

Febrile neutropenia (WCC < 0.5 x 10^9/L)

Deep seated infection or source control not achieved, e.g. un-drained deep seated infection, endocarditis, central nervous system infection, infection of prosthetic material which remains in situ

Oral route compromised:

- · Nil by mouth
- Vomiting
- · Unreliable absorption of oral medications, e.g. short gut syndrome
- · Depressed level of consciousness
- · Unsafe swallow

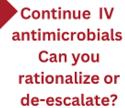
Blood cultures with a significant pathogen

Early IVOS may be appropriate if

- there are no other contra-indications (see above)
- · the source of bacteraemia is known and controlled
- a suitable highly bioavailable antimicrobial has been reported as susceptible (S) or susceptible at increased dose (I)







See section on
Bioavailability
of oral
Antimicrobials
for further info







Use the Empirical IVOS policy if no positive cultures are available

Switch to oral antimicrobial(s)

Reports will show agents suitable for treatment of the isolated organism(s) at the sample site

Add a STOP DATE

Total duration (IV+PO) for most infections is <7 days

Reference: ADTC 345 (2)

Written by: Dr U Altmeyer on behalf of the Antimicrobial Management Team

available

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