IV-to-oral switch (IVOS) Criteria

NHS Ayrshire & Arran

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

Continue IV antimicrobials Can you rationalize or de-escalate?

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

Clinically improving Afebrile >24hours Oral route available

Review microbiology culture results

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
Date approved: 31st March 2023

Supersedes: ADTC 345 (1)
Approved by: Antimicrobial Management Group
Review date: 31st March 2026