NHS Ayrshire & Arran

IV-to-Oral Switch (IVOS): Clinical Decision Guide for Ward Rounds

THE 48-72 HOUR ANTIMICROBIAL TIME-OUT

Start Smart—Then Focus

Every IV antimicrobial prescription must undergo a formal clinical review within 48-72 hours to determine the CARES outcome.

THE CARES OUTCOMES

- **Cease** — stop if no infection
- **Amend** — de-escalate
- **Refer** — OPAT
- **Extend** — continue IV
- **Switch** — transition to oral

THE "HOME" SCREEN (ELIGIBILITY CRITERIA)

Is your patient ready to switch? A patient is suitable for an oral switch ONLY if they meet **ALL** four HOME criteria.

H

- **Haemodynamically Stable**
- NEWS2 score of ≤2; heart rate and blood pressure are normalizing.

O

- **Oral Route Reliable**
- Patient is eating and drinking with no evidence of malabsorption or active vomiting.

M

- **Markers Improving**
- Temperature has been <38°C for more than 24 hours; WCC and CRP are trending toward the normal range.

E

- **Exclude Deep-Seated Infection**
- No evidence of high-risk conditsuch as endocarditis, meningitis, or undrained abseesses.

CHOOSING THE AGENT: DIRECTED OVER "BLIND" SWITCH

GOLD STANDARD

Directed Therapy

Always prioritize current microbiology; use sensitivities from the current infection episode (e.g., blood/urine cultures from 48 hours ago).

SILVER STANDARD

Informed Empirical

If current cultures are negative but the patient has a history of resistance, use sensitivities from previous isolates (last 12 months).

BRONZE STANDARD

Blind Empirical

Only use the general IVOS guideline table if no current or historical microbiology is available.

THE DECISION TREE

Step 1: Check Current Cultures
If positive, prescribe the narrowest oral agent indicated by sensitivities. Ignore the IVOS guideline table.

Step 2: Check Clinical History
If the patient has a "Complex History" (MDR isolates or ≥2 antibiotic courses in 3 months), target the previous sensitivities.

Step 3: Empirical Switch
If Steps 1 and 2 are negative, follow the "blind" switch table as the statistical best-guess.

FINAL DOCUMENTATION (IV ReCoRD)

Document the Decision. Use the IV ReCORD aide-memoire: Review plan, Clinical source, Observations (NEWS2), Results (Microbiology), and Document the antibiotic plan.