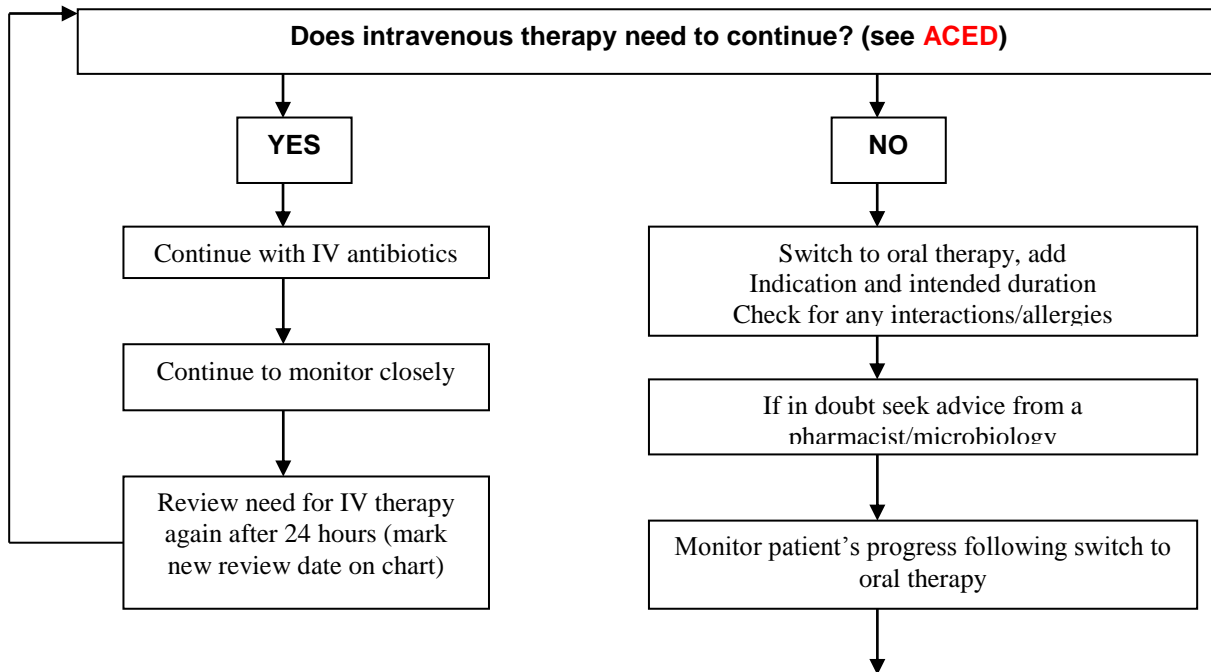


Appendix 3

Intravenous To Oral Antimicrobial Therapy Review And Switch (IVOS)



Considerations for IV to oral switch - ACED

- 1) **A** - afebrile >24hours (Haemodynamically stable with no signs of fever)
- 2) **C** - clinically improving (markers normalising)
 - a) Improving signs and symptoms of infection and patient's general condition getting better
 - b) Patient's clinical markers improving after treatment with parenteral antimicrobial drugs:
 - i) no unexplained tachycardia (heart rate less than 90 beats/minute in the past 12 hours)
 - ii) blood pressure stable (in the past 24 hours)
 - iii) respiratory rate less than 20 breaths/minute (in the past 24 hours)
 - iv) white cell count 4–12 x 10⁹/L or a high white cell count is falling (White cell count should show a trend towards normal; absence of such should not impede the switch if all other criteria are met and not neutropenic.
 - v) falling C-reactive protein (CRP)
- 3) **E** - Eating and drinking, have a functional GI tract with no malabsorption and there is no interactions with other medications
 - a) Suitable enteral antimicrobial drug available
 - b) Patient can swallow and tolerate oral fluids or have fluids via a tube into the gut.
 - c) Patient has no signs of malabsorption
- 4) **D** - Not suffering from certain deep-seated/high-risk infections (see table below)
 - a) High tissue antimicrobial drug concentrations are not essential for infection being treated (i.e. it is not high-risk or deep-seated infection)

**Exceptions to the above include the infections in the table below
(Oral switch may be appropriate in some of these infections on a case by case basis):**

- Liver abscess
- Osteomyelitis, Septic arthritis
- Inadequately drained abscesses or empyema
- Cavitating pneumonia
- *Staphylococcus aureus* bacteraemia
- Severe necrotising soft tissue infections
- Severe infections during chemotherapy related neutropenia
- Infected implants/prosthesis
- Meningitis/encephalitis
- Intracranial abscesses
- Mediastinitis
- Endocarditis
- Legionella pneumonia
- Exacerbation of cystic fibrosis/bronchiectasis