Antibiotics IV to oral switch assessment

By: ___________________________ Grade ______ Date __________ Time __________

Patient should be switched to oral antibiotics unless:

☐ Patient is nil by mouth or not absorbing
☐ No oral antibiotic option available
☐ Patient not clinically improving
☐ Deep seated infection
☐ Based on microbiology/Infection Pharmacist advice

Documented review between 24 and 72 hours:

☐ IV to oral switch with a documented review date or duration of the oral antibiotic
☐ OPAT (Outpatient Parenteral Antibiotic Therapy)
☐ Continue with new review date or duration
☐ Change antibiotic with escalation to broader spectrum antibiotic
☐ Change antibiotic with de-escalation to a narrower spectrum antibiotic
☐ Change antibiotic e.g. to narrower/broader spectrum based on blood culture results

Stop date/ review (delete as applicable) due on ______________________(date)