

**PHYSICIAN'S ORDERS
ANTIMICROBIAL IV TO PO CONVERSION (Adult)**

Weight _____(kg)

REFER TO THE ALLERGY SCREEN IN MEDITECH FOR ALLERGY INFORMATION

**To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.**

<input type="checkbox"/> Discontinue Levofloxacin 750 mg IV q24h	START	Levofloxacin 750 mg PO q24h
<input type="checkbox"/> Discontinue Levofloxacin 500 mg IV q24h	START	Levofloxacin 500 mg PO q24h
<input type="checkbox"/> Discontinue Levofloxacin 250 mg IV q24h	START	Levofloxacin 250 mg PO q24h
<input type="checkbox"/> Discontinue Levofloxacin ____ mg IV q____h	START	Levofloxacin ____ mg PO q____h
<input type="checkbox"/> Discontinue Ciprofloxacin 400 mg IV q____h	START	Ciprofloxacin 500 mg PO q____h
<input type="checkbox"/> Discontinue Ciprofloxacin 200 mg IV q____h	START	Ciprofloxacin 250 mg PO q____h
<input type="checkbox"/> Discontinue Moxifloxacin 400 mg IV q24h	START	Moxifloxacin 400 mg PO q24h
<input type="checkbox"/> Discontinue Metronidazole 500 mg IV q12h	START	Metronidazole 500 mg PO q12h
<input type="checkbox"/> Discontinue Clindamycin 600 mg IV q8h	START	<input type="checkbox"/> Clindamycin 300 mg PO q6h <input type="checkbox"/> Clindamycin 450 mg PO q8h
<input type="checkbox"/> Discontinue Fluconazole ____ mg IV q____h	START	Fluconazole ____ mg PO q____h

As per IV-PO Conversion Policy approved at P&T and MAC

Inclusion Criteria

Patient has received 48 hours of IV Ciprofloxacin/Levofloxacin/Moxifloxacin/Clindamycin/Metronidazole/Fluconazole

AND

Patient is tolerating at least clear fluid diet x 24 hours

OR

Patient is tolerating other po medications x 24 hours

Date: _____ **Time:** _____

Pharmacist Signature



**PHYSICIAN'S ORDERS
ANTIMICROBIAL IV TO PO CONVERSION (Adult)****Antimicrobial IV-PO Conversion Program****1. Inclusion Criteria**

- patient has received 48 hours of treatment with IV antimicrobial

AND

- patient is tolerating at least clear fluid diet x 24 hours

OR

- patient is tolerating other po medications x 24 hours

2. Exclusion Criteria

- NPO order on chart

AND

- not tolerating at least clear fluid diet

AND

- all medications by non oral route

OR

- critical care patient

OR

- bacteremia

OR

- neutropenia (absolute neutrophil count less than $1 \times 10^9/L$)

OR

- treatment of endocarditis, CNS infections, osteomyelitis, septic arthritis

Quinolone Exclusion

- receiving continuous enteral feeds

Fluconazole Exclusion

- candidemia

Reasons for NPO/Not Tolerating Oral Diet

- risk of aspiration (decreased LOC, seizures)
- GI obstruction
- complete bowel rest (inflammatory bowel disease, acute pancreatitis, fistula)
- pre/post-op fast
- nausea/vomiting/diarrhea
- continuous NG suction
- motility disorders of stomach/esophagus
- short bowel syndrome

Monitor for 48 hours after IV-PO conversion to ensure oral antimicrobial is tolerated.



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