

IV to PO Review Worksheet

★★★★★ BEFORE COMPLETING, MAKE SURE ANTIBIOTICS ARE NEEDED ★★★★★

...and remember: *The bug does not know how the drug gets there!... So: If the gut works, use it!*

ALLERGIES: NKDA penicillin sulfa tetracycline fluoroquinolone Other/details: _____

INFECTION TYPE: _____

MICROBIOLOGY DATA/ TARGET ORGANISMS: _____

MEDICATIONS:

Days of therapy so far: ____ days (usually 24-48 hrs required prior to IV→PO to allow for defervescence)

- Abx history: _____
- Relevant *inpatient* medications: _____
- Relevant *outpatient* medications: _____

<u>Factor</u>	<u>Yes</u>	<u>No</u>	<u>Notes/ Comments</u>
Worsening infection-related signs/ symptoms? (e.g., pain, erythema)	<input type="checkbox"/>	<input type="checkbox"/>	
Mental status issues?	<input type="checkbox"/>	<input type="checkbox"/>	
Abnormal heart rate? (e.g., > 90 bpm)	<input type="checkbox"/>	<input type="checkbox"/>	
Abnormal respiratory rate? (e.g., < 20 bpm)	<input type="checkbox"/>	<input type="checkbox"/>	
Abnormal blood pressure / MAP?	<input type="checkbox"/>	<input type="checkbox"/>	
Abnormal or worsening body temperature? (e.g., >100.4 F in last 24 hrs?)	<input type="checkbox"/>	<input type="checkbox"/>	
Antipyretic use?	<input type="checkbox"/>	<input type="checkbox"/>	
Abnormal or worsening WBC?	<input type="checkbox"/>	<input type="checkbox"/>	
Renal dysfunction?	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatic dysfunction?	<input type="checkbox"/>	<input type="checkbox"/>	
Patient having nausea/vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	
Patient having trouble swallowing?	<input type="checkbox"/>	<input type="checkbox"/>	
Using NG / PEG / PEJ tube for meds?	<input type="checkbox"/>	<input type="checkbox"/>	
Patient on PPN or TPN?	<input type="checkbox"/>	<input type="checkbox"/>	
No other oral medications?	<input type="checkbox"/>	<input type="checkbox"/>	
History of non-compliance?	<input type="checkbox"/>	<input type="checkbox"/>	
Active gastric bleed or GI obstruction	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal obstruction (e.g., ileus)	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving high-dose vasopressors	<input type="checkbox"/>	<input type="checkbox"/>	
Problematic social/ behavioral issues	<input type="checkbox"/>	<input type="checkbox"/>	

Oral Bioavailability* (*may vary due to dosage, DDIs, DFIs, formulation, fasting or not, patient-specific variables, or other)		
<50%	50-75%	>75%
Acyclovir (15%), Amoxicillin-clavulanic acid (30%), Azithromycin (40%), Cefixime (45%), Cefuroxime axetil (40%), Letemovir (35%), Penicillin V (25%)	Amoxicillin (75%), Ampicillin (50%), Cefpodoxime proxetil (50%), Delafloxacin (60%), Dicloxacillin (70%), Valacyclovir (55%), Valganciclovir (60%)	Ceftibuten (80%), Ciprofloxacin (80%), Clindamycin HCl (90%), Doxycycline (>90%), Fluconazole (>90%), Isavuconazonium sulfate (95%), Levofloxacin (100%), Linezolid (100%), Metronidazole (80%), Minocycline HCl (90%), Moxifloxacin (90%), Rifampin (90%), SMX-TMP (95%), Tedizolid (90%), Voriconazole (95%)

Abbreviations: abx = antibiotics, bpm = beats or breaths per minute, DDI = drug-drug interaction, DFI = drug-food interaction, MAP = mean arterial pressure, NG = nasogastric, NKDA = no known drug allergies, PEG = percutaneous endoscopic gastrostomy, PEJ = percutaneous endoscopic jejunostomy, PPN = peripheral parenteral nutrition, TPN = total parenteral nutrition, WBC = white blood cell

Disclaimer: Factors not listed on this worksheet may impact IV to PO transition decisions.