

**POLK MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
PATIENT CARE SERVICES**



TITLE: IV to PO Interchange By A Pharmacist	Policy No.: P-PCS-06-032
Purpose: To establish a procedure for the changing of medications from the intravenous form to the oral form by the pharmacist.	Developed Date: 4/18 Review Date: 7/20 Revised Date: 11/20, 8/21 Review Responsibility: Pharmacy and Therapeutics Committee, CNO, Antimicrobial Stewardship Team, Clinical Council
Reference Standards: MM.04.01.01	

Policy:

The pharmacist will contact the prescriber to review if an IV to PO switch is appropriate when the following criteria are met:

1. Inclusion Criteria for IV to PO conversion:

- ◆ Patients ≥ 18 years of age admitted in the inpatient adult care area.
- ◆ Patients who have received ≥ 48 hours of an IV medication that is approved for PO conversion. (See medication list.)

2. Exclusion Criteria for IV to PO conversion

A. General Exclusion Criteria

Order Exclusions:

- ◆ “Dispense as written”
- ◆ PRN medications
- ◆ Continuous infusion of proton pump inhibitor
- ◆ Chemotherapy pre/post medication order set
- ◆ No current scheduled PO medications
- ◆ If PO formulation is non-formulary

Dietary Exclusions:

- ◆ Oral/enteral diet not tolerated
- ◆ NPO status
- ◆ Patients receiving J-Tube feeds
- ◆ Tube feeds that are not at goal rate
- ◆ Continuous NG suctioning

GI Exclusions:

- ◆ Emesis within last 48 hours
- ◆ Current GI bleed
- ◆ For levothyroxine, fluoroquinolones, and doxycycline, no continuous tube feeds
 - For treatment of myxedema coma with levothyroxine, confirm with provider that patient is clinically improving before initiating IV to PO conversion.
- ◆ Ileus
- ◆ Diarrhea defined as > 5 bowel movements per day or > 1 liter of stool output
- ◆ 500 mL of residual output
- ◆ Intestine removals such as colectomy, jejunectomy, or Whipple procedure
 - Consult with provider if considering conversion
- ◆ Malabsorption syndrome

B. Additional Exclusion Criteria for Antimicrobials

- ◆ Patients with no clinical improvement in last 24 hours defined as:
 - Temperature ≥ 100.4 F or ≤ 96.8 F
 - WBC not trending to normal levels
- ◆ For fluoroquinolones and doxycycline only, no scheduled sucralfate
- ◆ Antimicrobial(s) used to treat:
 - Endocarditis
 - Meningitis or other CNS infection
 - Osteomyelitis
 - Bacteremia defined as positive blood cultures within last 14 days
 - Neutropenia defined as ANC < 1,000
 - Fungemia
 - Acute concerns for or active Clostridium Difficile Infection

3. Medications Approved for IV to PO Conversion:

- ◆ Azithromycin
- ◆ Doxycycline
- ◆ Fluconazole
- ◆ Fluoroquinolones
- ◆ H2RA (i.e., Famotidine)
- ◆ Lacosamide*** *IV route non-formulary*
- ◆ Levetiracetam
- ◆ Levothyroxine
- ◆ Linezolid ****non-formulary*
- ◆ Metronidazole
- ◆ PPIs (i.e., Pantoprazole)

***** If medication is non-formulary the IV to PO conversion does not apply.**

4. Pharmacist Roles and Responsibilities:

Daily Monitoring:

- ◆ Pharmacy will review a system approved IV to PO conversion report, accompanied by specific patient information each day to determine who is eligible for IV to PO conversion. Pharmacy may communicate with nursing staff or physicians if necessary, to clarify any clinical considerations.

- ◆ Pharmacy will evaluate each patient to determine if any of the previously listed exclusion criteria for conversion are met. This will be documented through the EMR to determine if IV to PO conversion is optimal.
- ◆ If no exclusion criteria are met, the pharmacist will follow the standard process for converting medications from IV to PO.

5. Providers Roles and Responsibilities:

- ◆ Providers have the authority to override the IV to PO conversion by indicating in the order comments.
- ◆ The provider will sign the per policy order in the EMR.

6. IV to PO Conversion Chart

MEDICATION	IV to PO Conversion	
Azithromycin	1:1	
Ciprofloxacin ¹	IV	PO
	400 mg Q 8 hours	750 mg Q 12 hours
	400 mg Q 12 hours	500 mg Q 12 hours
	400 mg Q 24 hours	500 mg Q 24 hours
	200 mg Q 12 hours	250 mg Q 12 hours
	200 mg Q 24 hours	250 mg Q 24 hours
Doxycycline	1:1	
Fluconazole	1:1	
Famotidine	1:1	
Levetiracetam	1:1	
Levofloxacin	1:1	
Levothyroxine	0.75:1 (ex. 75 mcg IV = 100 mcg PO)	
Linezolid	1:1	
Metronidazole	1:1	
Moxifloxacin	1:1	
PPIs ²	IV	PO
	Pantoprazole 40 mg	1:1 OR Omeprazole 20 mg OR Lansoprazole (solutab) 30 mg VIA TUBE

¹IV doses will be converted to appropriate oral doses based on the patient's current renal function

² IV to PO PPI depends on formulary product for each facility