Use the steps below to assess patients for IV to PO conversion eligibility:

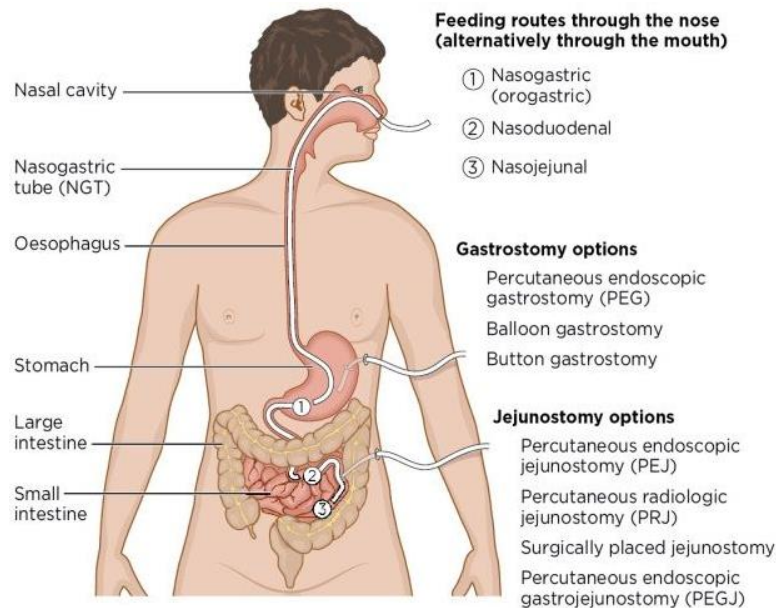
1. **Evaluate if the patient is tolerating oral or enteral nutrition**

   I. Review the patient's chart for signs of oral nutritional intake or scheduled PO meds (engage with the team as appropriate)

   II. Review documentation (i.e. chart, electronic record, physician progress report, radiology, etc.) regarding any current ileus, and consistency in frequency of bowel movements

   III. If the patient is receiving enteral therapy, assess what formulations would be appropriate:

   a. Large bore (PEG or NG/OG): crushed tablets or capsules
   b. Small bore (dobhoff or NJ): liquid formulation IF medication does not require gastric exposure for appropriate absorption



Best C (2019) Selection and management of commonly used enteral feeding tubes. *Nursing Times* [online]; 115: 3, 43-47.

   IV. Residuals must be less than 500 mL and tube feedings have been ongoing > 24 hours

2. **Review for medical conditions excluding conversion:**

   I. NPO status (receiving parenteral nutrition therapy)

   II. Nasogastric (NG) tube with continuous suction

   III. Severe/persistent nausea or vomiting

   IV. Gastrointestinal obstruction/motility disorder (ileus, significant gastroparesis) or bleeding within last 48 hours

   V. Malabsorption syndromes (partial or total removal of the stomach, short bowel syndrome)

   VI. Continuous proton pump inhibitor infusion

   VII. Critical Care Patient who is receiving one of the following:

   a. High doses of vasopressors (typically in the presence of shock) - patient may lackadequate blood flow to support oral absorption
   b. Neuromuscular blocking agent

   VIII. Aspiration risk (difficulty swallowing) or loss of consciousness without NG access

IX. Continuous tube feedings that cannot be interrupted and medications known to bind to enteral nutrition formulas (must be able to turn off feeds for 2 hours before and after administration with select medications)
   a. Ciprofloxacin
   b. Doxycycline
   c. Levofloxacin

3. Review for medications with specific eligibility criteria:

I. Digoxin:
- Blood pressure (SBP must be > 100 mm Hg)
- Heart rate (must be < 100 beats/min)
- Do NOT convert IV LOADING doses of digoxin to PO

II. Levothyroxine: when converting from IV to PO, the parenteral dose is increased by 75% to determine the PO dose-per policy

III. Ceftriaxone:
   a. Non – ICU patients only
   b. Provider-selected indication of “Community Acquired Pneumonia” or “Urinary Tract Infection” (Indication of “Pyelonephritis” is not eligible for automatic conversion)
   c. Blood cultures no growth for at least 48 hours
   d. No urinary catheter present (check LDA tab in the patient’s chart

Conversion Criteria for Antimicrobials:

Patient must show signs/symptoms of a resolving infection:

I. Maximum temperature < 100.4 °F in past 24 hours
II. WBC trending down

Review for infections *NOT* appropriate for oral therapy:

III. Endocarditis
IV. Meningitis/brain abscess/other CNS infection
V. Orbital cellulitis
VI. Endophthalmitis
VII. Osteomyelitis
VIII. Staphylococcus aureus or Enterococcus bacteremia

Review for medical conditions *NOT* appropriate for oral antimicrobial therapy

IX. Sepsis - evidence of infection and two or more of the following:
- Temperature > 100.4
- Pulse > 90 beats/min
- Respiratory rate ≥ 20 breaths/min or PaCO2 of 32 mmHg
- WBC < 12,000/mm3 or > 10% immature neutrophils

II. Neutropenia (Absolute Neutrophil Count < 500 cells/mm3)

Conversion Criteria for Antiepileptics:

Review for the following exclusion criteria

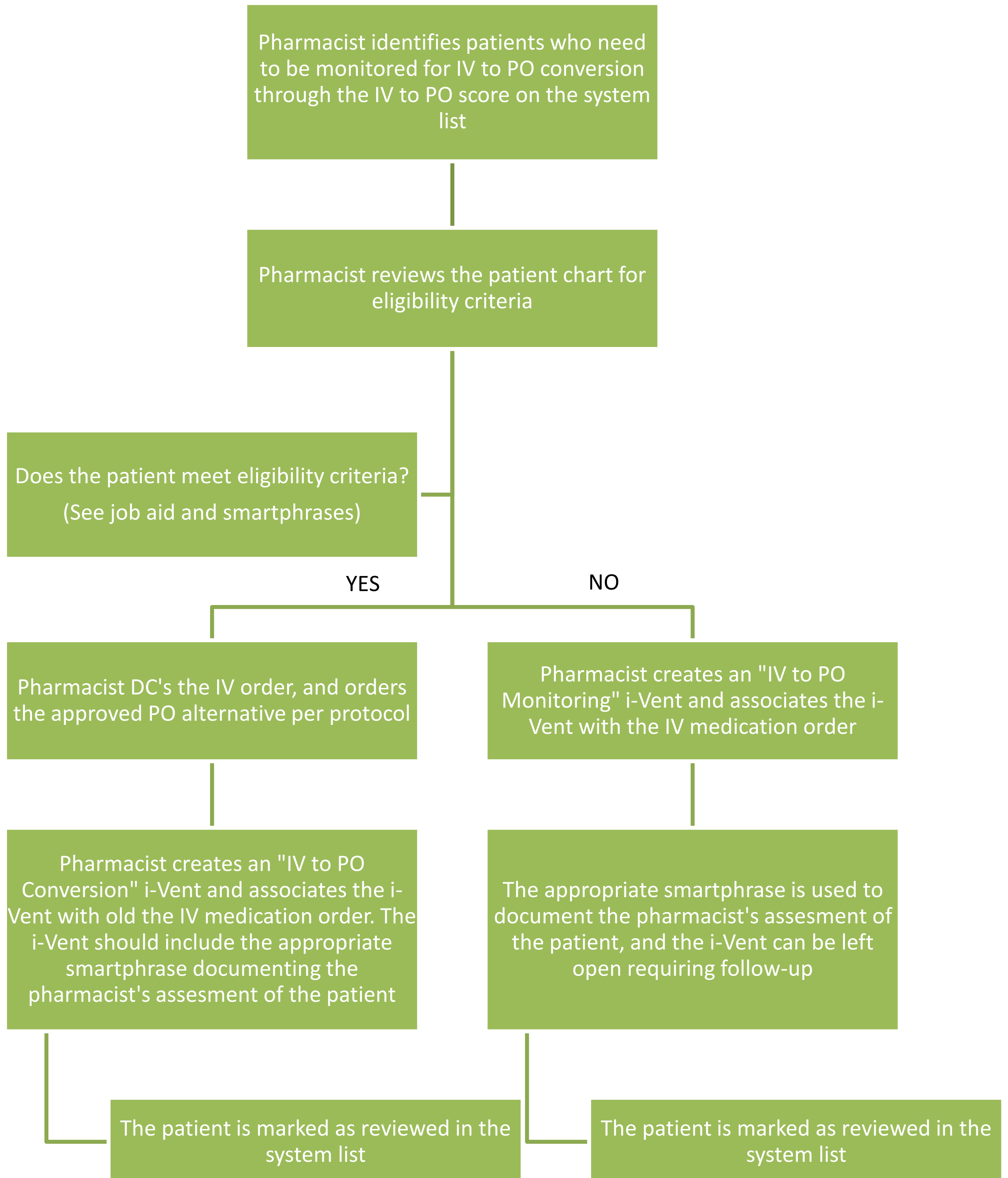
I. Continuous EEG or orders for pending EEG
II. Pending surgery/procedure with patient NPO
III. Not tolerating oral or enteral nutrition; unreliable oral access
IV. One-time doses of IV
V. Pediatrics

IV to PO Smart Phrases

IV to PO (.IVtoPOMonitor)
Tolerating oral or enteral nutrition? (Y/N) ***
Medical condition excluding conversion: ***
Assessment/plan:***

IV to PO Antibiotics (.IVtoPOABX)
Tolerating oral or enteral nutrition? (Y/N) ***
Medical condition excluding conversion: ***
Febrile in the past 24 hours? (Y/N) ***, WBC trending down? (Y/N) ***, ANC < 500? (Y/N)***
Infection appropriate for oral therapy? (Y/N) ***
Potential for drug interactions with enteral feeds? (Y/N) ***
Assessment/plan:***

IV to PO Antiepileptics (.IVtoPOAED)
Tolerating oral or enteral nutrition? (Y/N) ***
Medical condition excluding conversion: ***
Continuous EEG or pending EEG order? (Y/N) ***
Assessment/plan ***


Pharmacist identifies patients who need to be monitored for IV to PO conversion through the IV to PO score on the system list
Pharmacist reviews the patient chart for eligibility criteria
Does the patient meet eligibility criteria?
(See job aid and smartphrases)
YES
NO
Pharmacist DC's the IV order, and orders the approved PO alternative per protocol
Pharmacist creates an "IV to PO Monitoring" i-Vent and associates the i-Vent with the IV medication order
Pharmacist creates an "IV to PO Conversion" i-Vent and associates the i-Vent with old the IV medication order. The i-Vent should include the appropriate smartphrase documenting the pharmacist's assesment of the patient
The appropriate smartphrase is used to document the pharmacist's assesment of the patient, and the i-Vent can be left open requiring follow-up
The patient is marked as reviewed in the system list
The patient is marked as reviewed in the system list

Medications Eligible for Pharmacy IV to PO Conversion (updated 5/22/20)

The table below lists the medications which are eligible for IV to PO conversion by Pharmacists:

Antimicrobial	
IV	**PO**
Azithromycin 250 mg / 500 mg IV Q24H	Azithromycin 250 mg / 500 mg PO Q24H
Ceftriaxone 1 gram IV Q24H / Ceftriaxone 2 gram IV Q24H	Cefdinir 300 mg PO Q12H (renally adjusted per protocol)
Ciprofloxacin 200 mg IV Q12H	Ciprofloxacin 250 mg PO Q12H
Ciprofloxacin 400 mg IV Q12H	Ciprofloxacin 500 mg PO Q12H
Ciprofloxacin 400 mg IV Q8H	Ciprofloxacin 750 mg PO Q12H
Clindamycin 600 mg IV Q8H	Clindamycin 300 mg PO Q6H
Clindamycin 900 mg IV Q8H	Clindamycin 450 mg PO Q8H
Doxycycline IV	Doxycycline PO (1:1 conversion)
Fluconazole 100 mg IV Q24H	Fluconazole 100 mg PO Q24H
Fluconazole 200 mg IV Q24H	Fluconazole 200 mg PO Q24H
Fluconazole 400 mg IV Q24H	Fluconazole 400 mg PO Q24H
Levofloxacin 250 mg IV Q24H / Q48H	Levofloxacin 250 mg PO Q24 / Q48H
Levofloxacin 500 mg IV Q24H / Q48H	Levofloxacin 500 mg PO Q24 / Q4
Levofloxacin 750 mg IV Q24H / Q48H	Levofloxacin 750 mg PO Q24 / Q48H
Linezolid 600 mg IV Q12H	Linezolid 600 mg PO Q12H
Metronidazole 250 mg IV Q8H	Metronidazole 250 mg PO Q8H
Metronidazole 500 mg IV Q8H	Metronidazole 500 mg PO Q8H
Moxifloxacin 400 mg IV Q24H	Moxifloxacin 400 mg PO Q24H
Posaconazole 300 mg IV Q24H*	Posaconazole 300 mg PO Q24H
Rifampin 600 mg IV Q12H / Q24H	Rifampin 600 mg PO Q12H / Q24H
Voriconazole 4 mg/kg IV Q12H	Voriconazole 4 mg/kg PO Q12H (rounded)

***Requires call to the MD (remains in effect until the *Novant Health Do Not Crush List* is updated)**

GI	
IV	**PO**
Famotidine 20 mg IV Q24H	Famotidine 20 mg PO Q24H
Famotidine 20 mg IV Q12H	Famotidine 20 mg PO Q12H
Metoclopramide 5 mg / 10 mg IV Q6H	Metoclopramide 5 mg / 10 mg PO Q6H
Pantoprazole 40 mg IV Q12H / Q24H	Pantoprazole 40 mg PO Q12H / Q24H

Other	
IV	**PO**
Digoxin 0.125 mg / 0.25 mg IV Q24H	Digoxin 0.125 mg / 0.25 mg PO Q24H
Levothyroxine IV daily	Levothyroxine PO daily (IV dose x1.33)

Levetiracetam IV	Levetiracetam PO (1:1 conversion)
Lacosamide IV	Lacosamide PO (1:1 conversion)