Adult Antibiotic Intravenous to Oral Switch Therapy (IVOST) Guidance

NHS Grampian

- Intravenous (IV) antibiotics must be reviewed daily.
- Stop antibiotics unless there is clear evidence of infection.
- Document the patient's progress and the full antibiotic plan within 24-72 hours.

Is your patient ready for IVOST?

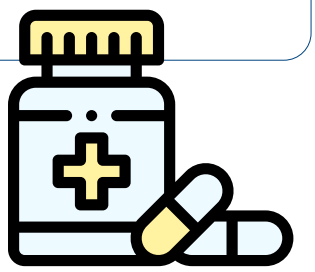
DOES INFECTION REQUIRE PROLONGED IV THERAPY e.g. deep abscess not amenable to drainage, bronchiectasis, cystic fibrosis, febrile neutropenia, endocarditis, meningitis, Staphylococcus aureus bacteraemia (SAB), infection of a prosthetic device, vascular graft, bone/joint infection. **Seek microbiology/infectious disease advice for antibiotic/ oral switch plan for these indications. Patient may be a candidate for OPAT.**

YES → Document planned duration of IV antibiotics on HEPMA and in medical notes. Review the need for IV therapy daily if duration still unclear.

NO ↓

CLINICAL IMPROVEMENT in signs of infection, resolving sepsis, improvement of National Early Warning Score (NEWS) observations (including temperature between 36-38°C for the past 24 hours), and inflammatory markers e.g. WCC (White Cell Count) and CRP (C-reactive Protein).
Note: CRP does not reflect severity of illness or the need for IV antibiotics and may remain elevated as the infection improves. Do not use CRP in isolation to assess IVOST.
ORAL ROUTE IS AVAILABLE and no concerns regarding absorption?

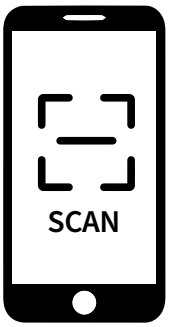
NO → Check microbiology results; can you narrow the spectrum of IV therapy?



YES

Can you **STOP** antibiotics altogether? If no, then **SWITCH to ORAL:**

- **If positive microbiology** results use these to guide antibiotic selection (use narrowest spectrum possible)
- **If no positive microbiology** and patient was treated with empiric IV therapy use QR code or Hospital Guidance for Adults for oral switch options.
- **Record the intended stop date** on HEPMA and in medical notes.



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