Antibiotic IV to Oral Step-Down Guidance

NHS Lanarkshire

Remember:

- REVIEW NEED FOR IV ANTIBIOTICS DAILY. Document the patient's progress and the full antibiotic plan within 24-72 hours.
- The antibiotic plan should document the reason to: stop antibiotics, continue IV, IVOST, de-escalate therapy, escalate therapy, OPAT.
- Use individual patient characteristics and microbiology results to guide antibiotic selection
- Dose may need to be adjusted in renal impairment -check BNF, SPC or Renal Drug Database.

Criteria for oral step down:

- ✓ CLINICAL IMPROVEMENT in signs of infection eg. Sepsis criteria resolving + improvement in inflammatory markers
- ✓ ORAL ROUTE available (no longer nil by mouth and no concerns regarding absorption)
- ✓ INFECTION DOES NOT REQUIRE PROLONGED IV THERAPY

Infections requiring prolonged IV therapy

- Consider suitability for Outpatient Parenteral Antibiotic Therapy (OPAT) if patient requires prolonged IV therapy eg. cellulitis, osteomyelitis, diabetic foot ulcer, septic arthritis, endocarditis, discitis, S.aureus bacteraemia
- Please see OPAT page on FirstPort for further information on acceptance criteria, contraindications and referral form
- Further advice can be sought by contacting the OPAT team via email opat@lanarkshire.scot.nhs.uk or phone 01698 752166 (external) or 401166 (internal)

EMPIRICAL ORAL STEP-DOWN OPTIONS

Diagnosis	IV antibiotic choice *(as per empirical treatment guideline)*	Oral step-down choice	Total duration (IV + Oral)
Community acquired pneumonia (Severe CURB65 3-5 or SEPSIS) OR Severe infective exacerbation of COPD with pneumonia	Amoxicillin (or Co-amoxiclav if treated previously/adverse prognostic features) If suspected Atypical pneumonia: ADD ORAL Clarithromycin[1]	Amoxicillin 1g 8hrly (or Co-amoxiclav 625mg 8hrly if treated previously/adverse prognostic features) Discontinue Clarithromycin if no evidence of atypical infection.	5 days
	Penicillin allergy: Levofloxacin[1,3,4]	Penicillin allergy: Levofloxacin[1,3] 500mg 12hrly	
Severe hospital acquired pneumonia	Co-amoxiclav +/- Gentamicin	Co-amoxiclav 625mg 8hrly	5 days
	Penicillin allergy: Co-trimoxazole[2,4,5] **OR** Levofloxacin[1,3,4]	Co-trimoxazole[2,5] 960mg 12hrly **OR** Levofloxacin[1,3] 500mg 12hrly	
Aspiration pneumonia	Amoxicillin + Metronidazole[4] (ADD Gentamicin if severe)	Amoxicillin 500mg-1g 8hrly + Metronidazole 400mg 8hrly	5 days
	Vancomycin + Metronidazole[4] (ADD Gentamicin if severe)	Doxycycline[2] 100mg 12hrly + Metronidazole 400mg 8hrly	
Upper urinary tract infection/Pyelonephritis	Gentamicin + Amoxicillin	Co-trimoxazole[2,5] 960mg 12hrly	7-10 days
	Penicillin allergy: Gentamicin + Vancomycin	Co-trimoxazole[2,5] 960mg 12hrly Alternative required: Ciprofloxacin[1,3] 500mg 12 hrly (only if low CDI risk)	7-10 days
Moderate to severe cellulitis/erysipelas	Flucloxacillin	Flucloxacillin 1g 6 hourly	7-14 days depending on clinical progress/clinician judgement
	Penicillin allergy: Vancomycin	Doxycycline[2] 100mg 12hrly	
Infected human/ animal bite	Co-amoxiclav	Co-amoxiclav 625mg 8hrly	7 days
	Penicillin allergy: Vancomycin + Metronidazole[4] + Ciprofloxacin[4]	Doxycycline[2] 100mg 12hrly + Metronidazole 400mg 8hrly	
Intra-abdominal/ hepatobiliary/pelvic sepsis	Amoxicillin + Metronidazole[4] + Gentamicin	Co-amoxiclav 625mg 8hrly	7-10 days
	Penicillin allergy: Vancomycin + Metronidazole[4] + Gentamicin	Ciprofloxacin[1,3] 500mg 12hrly + Metronidazole 400mg 8hrly	
Spontaneous bacterial peritonitis OR Decompensated chronic liver disease with sepsis unknown source	Piperacillin/Tazobactam	Co-amoxiclav 625mg 8hrly	7 days
	Penicillin allergy: Ciprofloxacin[4] + Vancomycin	Ciprofloxacin[1,3] 500mg 12hrly **OR** Co-trimoxazole[2,5] 960mg 12hrly	

1. Caution multiple drug interactions + may prolong QTc interval –check BNF. 2. Avoid Doxycycline and Co-trimoxazole if pregnant or breastfeeding 3. See Fluroquinolones MHRA guidance 4. Excellent oral bioavailability, IV route if nil by mouth or vomiting
5. See NHSL Co-trimoxazole Information for Prescribers

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