NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Metronidazole IV to oral switch (IVOST), promoting appropriate use

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	2
Does this version include changes to clinical advice:	Yes
Date Approved:	31st August 2024
Date of Next Review:	31st August 2027
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Approval Group:	Antimicrobial Utilisation Committee

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Promoting appropriate Metronidazole IV to ORAL switch (IVOST)

NHS Greater Glasgow and Clyde

THINK before you prescribe or administer IV METRONIDAZOLE could my patient have ORAL THERAPY?

Metronidazole has excellent ORAL absorption (bioavailability) reaching 95-100%

This means ORAL works just as effectively as IV if your patient meets the following criteria:

- Oral route reliably available
- Gut absorption not compromised
- No clinical deterioration/ systemic sepsis
- IV route not specified by an infection specialist

Advantages of the Oral Route

G	lobal antimicrobial risk reduced
O	ptimses antimicrobial stewardship
G	ets patient home sooner
R	educed risk of patient line infections/complications
E	nvironmental plastic waste & carbon footprint reduced
E	fficiency is improved reducing staff workload & costs
N	ursing time saved supports improved patient centered care

Consider the SWITCH from IV to ORAL metronidazole -

GO GREEN!

For further advice on IV to ORAL antibiotic SWITCH options see NHSGGC IVOST policy

For more information on antibiotics with high ORAL bioavailability refer to NHSGGC GO GREEN IVOST policy

Carbon Footprint Savings

In terms of plastic waste every IV to ORAL switch results in 1.48 KgCO2e carbon footprint savings[1]

5 days IV metronidazole

78.9 miles in an average sized car – Glasgow to Dundee

5 days oral metronidazole

0.4 miles in an average sized car – Glasgow Central Station to George Square

Patient Benefits

Reduced IV administrations reduces my risk of developing the serious blood infection *Staph Aureus* Bacteraemia (SAB)

Less IV antibiotic administrations reduces my risk of developing an uncomfortable/painful IV line infection

As well as tablets being much easier for me it also helps the ward staff ensure I get my antibiotics on time and don't miss any doses

Reduced IV administrations enables me to get up and walk around more easily and often on the ward

Now that I've switched to taking my antibiotics as tablets I may get home sooner

Workforce Benefits

Reduced IV administrations on the ward can reduce medication error risk and improve patient safety

Most cost effective as oral route less expensive than IV

Reduced IV administrations reduces the risk of IV line related infection control issues

Earlier IVOST can reduce time to discharge

Reduced workload saves 20 mins nursing time with every IV to ORAL switch dose allowing more time to care for our patients[2]

Reduced plastic waste and improved environmental sustainability on our ward

Prepared by NHSGGC Antimicrobial Pharmacist Team
& Approved by NHSGGC AUC Aug 2024

1) JAC-Antimicrobial Resistance, Volume 6, Issue Supplement_2, August 2024, dlae136.003, https://doi.org/10.1093/jacamr/dlae136.003
2) JAC-Antimicrobial Resistance, Volume 6, Issue Supplement_1, January 2024, dlad143.005, https://doi.org/10.1093/jacamr/dlad143.005

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