A Quick Guide to SWITCH!

Antibiotics: IV to Oral

Benefits of Early Switch to Oral Therapy

- Decreased risk of complications from IV lines: thrombophlebitis, catheter related infections
- More patient friendly (improves mobility and comfort)
- May lead to earlier discharge
- Saves medical and nursing time
- Reduction in costs: Direct - medication
  Indirect – diluents, equipment, needles

A Melbourne hospital that implemented a similar campaign estimated they saved nearly $100,000 per annum in medication costs alone, simply by reducing excess IV antibiotic use.

Safety of Switching

A large number of clinical trials support early switching to oral antibiotics, following **two to three** days of treatment with IV therapy[1],[2]

- Equal treatment efficacy
- No adverse effects on patient outcome

Criteria for Switching

- Oral fluids/foods are tolerated and no reason to believe that poor oral absorption may be a problem e.g. vomiting, diarrhoea
- Temperature less than 38°C for 24 to 48 hours
- No signs of sepsis
- An appropriate oral antibiotic is available
- Extra high tissue antibiotic concentrations or a prolonged course of IV antibiotics are not essential

Conditions where SWITCH should be considered

- Gram negative bacteraemia
- Hospital acquired infections
- Intra-abdominal infections
- Pneumonia
- Skin and soft tissue infections
- Urinary tract infections

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[1] Barlow GD, Nathwani D. Sequential Antibiotic Therapy. Curr Opin Infect Dis. 2000; 13(6):599-607

[2] Sevinc F et al. Early Switch from Intravenous to Oral Antibiotics: Guidelines and Implementation in a Large Teaching Hospital. J Antimicrob Chemother. 1999; 43:601-606

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Conditions where SWITCH is not appropriate

Conditions which require a prolonged course of IV antibiotics or very high tissue concentrations

- Bone and joint infections
- Cystic fibrosis
- Endocarditis
- Deep seated abscess
- Meningitis
- *S. aureus* bacteraemia

Antimicrobials with Excellent Oral Bioavailability

Fluconazole (>90%)
Ciprofloxacin (70-80%)
Metronidazole (>95%)
Moxifloxacin (~90%)
Clindamycin (~90%)

Suggested Conversion Regimens

Refer to *Therapeutic Guidelines: Antibiotic* for dosing in specific indications

IV		Oral	
Antimicrobial	**Usual Dose***	**Antimicrobial**	**Usual Dose***
Ampicillin	1-2g IV QID	Amoxycillin	500mg-1g oral TDS
Azithromycin	500mg IV Daily	Roxithromycin	300mg oral daily
Benzyl penicillin	1.2g IV QID	Phenoxymethyl penicillin	500mg oral QID
Ceftriaxone	1g IV Daily	No oral formulation Choice of oral antibiotic depends on infection site/microbiology	
Cephazolin	1g IV TDS	Cephalexin	500mg oral QID
Ciprofloxacin^	200-400mg IV BD	Ciprofloxacin^	250-500mg oral BD
Flucloxacillin	1g IV QID	Flucloxacillin	500mg oral QID
Lincomycin	600-900mg IV TDS	Clindamycin^	300-600mg oral TDS
Fluconazole^	200-400mg IV daily	Fluconazole^	200-400mg oral daily
Metronidazole^	500mg IV BD	Metronidazole^	400mg oral TDS

*Usual dose for adult patients with normal renal function.
^Antimicrobials with excellent oral bioavailability

For further information contact:

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