





IV to Oral Antibiotic Switch

Information for clinicians

This document is to be used as a guide only. Always apply clinical judgement. Refer to guidelines (e.g., [Therapeutic Guidelines: Antibiotic](#)) or contact the infectious diseases service for further advice.

Patients can often be switched from **intravenous (IV) to oral antibiotic therapy** for many common infections.

Consider switching if:

<div>1</div> <p><i>There is</i></p> <p>No need for prolonged IV antibiotic therapy</p> 	<p>IV to oral switch is appropriate for MOST indications</p> <p>Most common indications for antibiotics such as respiratory tract infections, skin and soft tissue infections and urinary tract infections can often be managed safely with oral antibiotics.</p> <p>There are some infections that require a longer duration of IV antibiotic therapy; these may include endocarditis or central nervous system infections.</p> <p>If uncertain, discuss with the infectious diseases team.</p>
<div>2</div> <p><i>Your patient is</i></p> <p>Tolerating oral intake</p> 	<p>Assess the feasibility of the oral route</p> <ul style="list-style-type: none"> Tolerating oral / nasogastric / percutaneous endoscopic gastrostomy (PEG) intake: food and/or other medications. No problems with absorption such as diarrhoea, vomiting, ileus.
<div>3</div> <p><i>There is an</i></p> <p>Appropriate oral antibiotic available</p> 	<p>Determine if there is a suitable oral antibiotic, with a similar spectrum of activity or proven susceptibility</p> <ul style="list-style-type: none"> Check microbiology results. Refer to endorsed guidelines (e.g., Therapeutic Guidelines: Antibiotic) or local guidelines.
<div>4</div> <p><i>Your patient is</i></p> <p>Improving clinically</p> 	<p>Assess for improvement in signs and symptoms of infection</p> <ul style="list-style-type: none"> If the patient has started on intravenous antibiotic therapy, review regularly (e.g., every day) whether a switch to oral antibiotics is possible. Signs of clinical improvement: afebrile, CRP and inflammatory markers down trending.