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Streamlined Approach to Transitioning IV to PO Antibiotics

What's so great about IV antibiotics? Are they really better than oral options? These are commonly encountered scenarios in the ED.

Bioavailability - Proportion of drug that enters the circulation

• Many of the antibiotics we use in the ED have good oral bioavailability (MacGregor 1997)

Guideline Recommendations

 Many guidelines for empiric treatment of common infections (SSTI, UTI, PNA) recommend oral antibiotics for mild and some moderate severity cases (<u>Stevens 2014</u>, <u>Gupta 2011</u>, <u>Metlay 2019</u>)

Comparing IV vs PO

- RCTs in cellulitis patients found no difference in outcomes between IV and PO regimens (Aboltins 2015, Bernard 2002, Bernard 1992, Jorup-Ronstrom 1984, Dalen 2018)
- Cochrane review of severe UTIs: no evidence oral less effective than parenteral (Pohl 2007)
- RCTs in pediatric PNA (<u>Addo-Yobo 2004</u>, <u>Atkinson 2007</u>, <u>Hazir 2008</u>, <u>Agweyu 2015</u>) and adult PNA (<u>Oosterheert 2006</u>, <u>Belforti 2016</u>) found no difference in outcomes
- No difference in outcomes for complex bone and joint infections (<u>Li 2019</u>)

Harms of IV

- Even one dose of IV antibiotics in the ED can lead to an increased risk of antibiotic-associated diarrhea and *C. diff* (Haran 2014)
- Expense, prolonged length of stay, phlebitis, extravasation injury, thrombosis, local or systemic infection (<u>Li 2015</u>)

A Word on Vancomycin

Don't give vancomycin as a <u>one-time dose (Mueller 2015)</u>. Even a 30 mg/kg dose will only achieve therapeutic levels 34% of the time (<u>Rosini 2015</u>).

When IV is Needed

Severe infection, critically ill, oral dose can't be tolerated or patient can't swallow, anticipated altered absorption (<u>Lehmann 2017</u>)

A Path Forward

- Most ED patients can be given oral antibiotics for mild and moderate infections
 - Patients think IV antibiotics are stronger, so talk with them
- If IV antibiotics are truly indicated, choose the IV form of the antibiotics you plan to continue at home so we can evaluate progress and confirm it is the correct choice
- There are some clinical risk factors associated with oral antibiotic failure in SSTI which may be taken into account when developing a plan (Peterson 2014, Yadav 2019, Volz 2013)

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