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## IV to Oral Conversion Policy PDF

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# Document Title: IV to Oral Conversion Policy

Owner: Melissa A. Bishop, Med Safety PI Pharmacist

Department: Pharmacy

Type: Multidisciplinary Policy

Revision Number: 0

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## Revision Note:

09/21/2018 NEW collaborative practice policy; sent to Rx Leadership for review; 09/25/2018 approved by DOP by e-mail; 10/01/2018 reviewed by the Medication Safety Committee (MSC); 10/12/2018 some edits received from ID pharmacist were applied; routed through committee tool; 11/05/2018 rejected by MSC; 11/06/2018 resent to Rx Leadership for revision; 11/08/2018 revised by Rx Leadership with input and reviews by ID Rx, VP of Operations, and VP of Risk Management; sent to Rx Leadership and ID Rx for final review; Administrative decision(see e-mail 11/08/2018): does not need MEC approval or MSC approval; 11/20/2018 Executive decision to revise; 1/30/2019 final review by Rx Leadership and Rx ID; DOP approved; routed

## Document Links:

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## IV to Oral Conversion Policy

### I. Purpose

To provide a policy and procedure for pharmacists to monitor patients on IV medications for possible conversion to oral/enteral therapy.

### II. Scope

Applies to all Children's of Alabama (COA) prescribers who order and pharmacists who provide clinical pharmacy services.

### III. Policy

- A. A pharmacist will review the patient's medication profile, medical record, and other pertinent information to determine if the patient is eligible for an IV to oral conversion. If the patient meets criteria outlined below the prescriber will be notified.
- B. This review will be provided for services who have a clinical pharmacist during their work hours and all patients who are on IV antibiotics.

### IV. Procedure

- A. IV to Oral Conversion Consultation/Assessment Requirements
  1. Patients with an order active for greater than or equal to 48 hours for an IV medication on the Medications Eligible for IV to oral conversion will be screened by a pharmacist to determine if they meet criteria for conversion from IV to oral therapy.
  2. Pharmacists will use Senti 7 to identify the patients to be reviewed daily.
  3. Patients will be assessed for the below criteria:
    - a. Inclusion Criteria (ALL criteria must be met):
      - i. Receiving other oral or enteral medications and/or feeding/fluids or hydration per eMAR documentation, and
      - ii. Afebrile (temperature  $\leq$  100.4 F) or temperature decreasing towards normal for greater than or equal to 48 hours, and
      - iii. WBC down and trending towards normal range, and
      - iv. Receipt of IV medication  $\geq$  24 hours, and
      - v. Symptomatic improvement as noted in progress notes
    - b. Exclusion Criteria (only 1 criteria must be met):
      - i. NPO order
      - ii. Diagnosis of:
        1. Endocarditis
        2. Meningitis or CNS infections
        3. Bacteremia
        4. Deep abscesses that are undrained
        5. Bowel perforation or Necrotizing Enterocolitis
      - iii. Severe nausea, vomiting, diarrhea or mucositis
      - iv. Active GI bleed

- v. Malabsorption syndrome (e.g. Short Bowel Syndrome [SBS], Graft vs Host Disease [GVHD])
  - vi. Recent GI surgery and not on regular diet or tube feeds
  - vii. On vasopressors
  - viii. On noninvasive mechanical ventilation, excluding CPAP or BiPAP patients that can safely take enteral medications
  - ix. Continuous gastric suctioning
  - x. Continuous nebulized albuterol
4. If patient meets all of the inclusion criteria and none of the exclusion criteria the pharmacist will notify the prescriber.

## V. Definitions

**iConnect:** Name of Children’s of Alabama (COA) Electronic Medical Record to include inpatient eMAR, inpatient nursing documentation (assessments, plan of care, and plan of education), and hospital-wide orders/results. Elements of iConnect include: Sunrise Acute Care (SAC- also known as Sunrise Clinical Manager or SCM) and Sunrise Pharmacy (SRx- also known as Sunrise Medication Manager or SMM). COA’s Electronic Medical Record vendor is AllScripts (formerly known as Eclipsys)

## VI. Reference/Regulations

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# Document Title: Medication Eligible for IV to Oral Conversion

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Department: Pharmacy

Type: Reference Materials

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## Revision Note:

09/21/2018 NEW reference associated with the IV to PO Conversion Collaborative Practice Policy; sent to Rx Leadership for review; 10/1/2018 reviewed by the Medication Safety Committee; 11/05/2018 rejected by MSC; 11/06/2018 resent to Rx Leadership for consideration; 11/20/2018 Executive decision to revise associated policies; 01/04/2019 routine review; routed to Rx Leadership for feedback requested by end of February for annual forms retreat; 1/30/2019 redistributed to align with review of the corresponding policy; 2/22/2019 policy link added; list ok per Clinical Super./ID; routed for signature<br><br>

This document is listed as a link on the document "IV to Oral Conversion Policy".



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## Medication Eligible for IV to Oral Conversion

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The following IV medications may be converted to oral formulations based on criteria specified in the [IV to Oral Conversion Policy](#)

:

- Azithromycin
- Ciprofloxacin
- Clindamycin
- Doxycycline
- Fluconazole
- Levofloxacin
- Linezolid
- Metoclopramide
- Metronidazole
- Moxifloxacin
- Ondansetron
- Pantoprazole
- Ranitidine
- Rifampin
- Trimethoprim-sulfamethoxazole
- Voriconazole

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