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BAYSHORE COMMUNITY HOSPITAL

Letter **HP**

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DEPARTMENT OF PHARMACY

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POLICY

Policy # **3h**

SUBJECT: Conversion of intravenous Azithromycin(Zithromax), Ceftriaxone(Rocephin), Ciprofloxacin(Cipro), Fluconazole(Diflucan), Lansoprazole(Prevacid), Levofloxacin(Levaquin), Linezolid(Zyvox), Metronidazole(Flagyl), Moxifloxacin(Avelox), Potassium Chloride(KCL), or Ranitidine(Zantac), to oral medication.

POLICY:

Patients receiving IV Azithromycin(Zithromax), Ceftriaxone(Rocephin), Ciprofloxacin(Cipro), Fluconazole(Diflucan), Lansoprazole(Prevacid), Levofloxacin(Levaquin), Linezolid(Zyvox), Metronidazole(Flagyl), Moxifloxacin(Avelox), Potassium Chloride(KCL), or Ranitidine(Zantac) will be reviewed after forty-eight (48) hours. Lansoprazole(Prevacid) will be reviewed after seventy-two (72) hours). If the patient can take oral medication, the IV order will automatically be converted to oral therapy.

A pharmacist will call the patient's nurse to confirm that the patient can take oral medication. The pharmacist will write the orders and send them to the nursing unit with the first dose of the oral medication. The following regimen will be used:

AZITHROMYCIN (ZITHROMAX) CONVERSION:

250 mg IV Daily	to	250 mg po Daily
500 mg IV Daily	to	500 mg po Daily

Patients receiving IV Azithromycin who are able to take medication orally will be dispensed tablets. Patients with GT or NGT will be dispensed liquid.

CEFTRIAZONE (ROCEPHIN) CONVERSION:

1-2 G IV Daily	to	300 mg Cefdinir (Omnicef) po q12h
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Patients receiving IV Ceftriazone who are able to take medication orally will be dispensed Cefdinir capsules. Patients with GT or NGT will be dispensed Cefdinir liquid.

CIPROFLOXACIN (CIPRO) CONVERSION:

200 mg IV q12h	to	250 mg po q12h
400 mg IV q12h	to	500 mg po q12h

Patients receiving IV Ciprofloxacin who are able to take medication orally will be dispensed tablets. Patients with NGT or GT will be dispensed liquid.

FLUCONAZOLE (DIFLUCAN) CONVERSION:

100 mg IV Daily	to	100 mg po Daily
200 mg IV Daily	to	200 mg po Daily

Patients receiving IV Fluconazole will be converted to tablets if they are able to take medication orally, by GT or NGT.

LANSOPRAZOLE (PREVACID) CONVERSION:

30 mg IV Daily	to	30 mg po Daily (Capsule)
30 mg IV Daily	to	30 mg gt or ngt Daily (Solutab)

Patients receiving IV Lansoprazole will be converted to oral (swallow) capsules if they are able to take medications orally. If the patient has a G-tube or NG-tube in place, the order will be converted to 30mg Lansoprazole Solutab which can be flushed with water down the G-tube or NG-tube.

LEVOFLOXACIN (LEVAQUIN) CONVERSION:

250 mg IV Daily	to	250 mg po Daily
500 mg IV Daily	to	500 mg po Daily

Patients receiving IV Levofloxacin will be converted to tablets if they are able to take medication orally, by GT or NGT.

LINEZOLID (ZYVOX) CONVERSION:

600 mg IV q12h	to	600 mg po q12h
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Patients receiving IV Linezolid will be converted to tablets if they are able to take medication orally.

METRONIDAZOLE (FLAGYL) CONVERSION:

250 mg IV q6h	to	250 mg po q8h
250 mg IV q8h	to	250 mg po q8h
500 mg IV q6h	to	500 mg po q8h
500 mg IV q8h	to	500 mg po q8h

Patients receiving IV Metronidazole will be converted to tablets if they are able to take medication orally, by GT or NGT.

MOXIFLOXACIN (AVELOX) CONVERSION:

400 mg IV Daily	to	400 mg po Daily
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Patients receiving IV Moxifloxacin will be converted to tablets if they are able to take medication orally, by GT or NGT.

POTASSIUM CHLORIDE (KCL) CONVERSION:

10 mg IV	to	10 mg po
20 mg IV	to	20 mg po

Patients receiving IV Potassium Chloride who are able to take medication orally will be dispensed powder, tablets or capsules in the same strength as they received parenterally. Patients with NGT or GT will be dispensed liquid, powder, or dissolving tablets.

RANITIDINE (ZANTAC) CONVERSION:

50 mg IV q8h	to	150 mg po q12h
50 mg IV q12h	to	150 mg po.q12h

Patients receiving IV Ranitidine who are able to take medication orally will be dispensed tablets. Patients with NGT or GT will be dispensed liquid.

PROCEDURE:

1. The director will designate a pharmacist who will generate a report listing patients currently on IV Azithromycin, Ceftriaxone, Ciprofloxacin, Fluconazole, Lansoprazole, Levofloxacin, Linezolid, Metronidazole, Moxifloxacin, and/or Ranitidine. The pharmacist will then check the pharmacy profile and determine:
 - if the patient has been on the IV medication for the appropriate amount of time
 - if the patient clinical condition allows for oral medication
 - and if there are any messages in “**pharmacy notes**” indicating if the patient should not be converted.
2. The pharmacist will verify with each patient’s nurse if a conversion can be made.
3. When a conversion is made, the pharmacist will send an “**order sheet**” to the patient chart. (**see example**)
4. Document the change or the reason a change cannot be made in “**pharmacy notes**”.
5. **Stop dates:**
 - the new order stop date should be the same as that of the original order
6. The copy of the “**order sheet**” shall be filed in the pharmacy.

Matthew Levanda, Director
Department of Pharmacy