


ASHP assumes no responsibility for documents posted by users of the ASHP shared members resources repository, or for any acts, omissions or other conduct of its users. ASHP does not endorse or provide any representation or warranty with respect to any user or posted document. Users are further referred to the Disclaimer and Limitation of Liability on the ASHP Web page, located at <http://www.ashp.org>, the terms and conditions of which shall govern all uses of the shared member resources repository.

		<i>Department of Pharmacy</i> Policy/Procedure
Title: AUTOMATIC INTRAVENOUS TO ORAL CONVERSION		Section: Drug Use Policies Policy # 04. 060
Effective Date: 09/08/2004	Revision Date: [RD] 08/25/2004	Page(s): 1 of 2

POLICY STATEMENT:

The Pharmacy Department, through the Pharmacy and Therapeutics Committee, shall define criteria to be used in conjunction with specific medications in the automatic conversion from intravenous (IV) to oral therapy.

INTENT:

To provide an efficient mechanism for interchange between IV and oral route of administration for products with a high oral bioavailability.

DEFINITIONS:

Route interchange: The dispensing of an oral dosage form in lieu of the IV dosage form. The substitution will occur only under specific pre-defined criteria.

RESPONSIBILITY STATEMENTS:

Pharmacy and Therapeutics Committee

- To determine, as part of the drug review process, which agents are considered to have a sufficient oral bioavailability, equivalent efficacy and other suitable criteria for the automatic conversion from IV to oral therapy process.
- To determine patient criteria for inclusion in the IV to oral conversion.
- To develop, with the Department of Pharmacy and the appropriate section chiefs, criteria to support a consistent process for automatic conversion from IV to oral therapy by the pharmacists.
- To periodically review, in conjunction with the appropriate section chiefs, drugs and classes of drugs for automatic conversion from IV to oral therapy.
- To provide the medical staff 30-day written notification of any agent to be approved for automatic conversion from IV to oral therapy. This notification shall include, but not be limited to, medical staff publications.
- To review all orders for "Automatic IV to Oral Conversion".

Physician


- To allow automatic conversion from IV to oral therapy for those agents that are approved by the Pharmacy and Therapeutics Committee
- To challenge, in writing, any agent approved for the automatic conversion from IV to oral therapy process with which they disagree within the 30-day notification period to the Director of Pharmacy.
- To write the words "No automatic IV to oral conversion" alongside the medication order when the physician feels that the patient would not benefit from this process.

Pharmacy

- To follow automatic conversion from IV to oral therapy guidelines established by the Pharmacy and Therapeutics Committee.
- To write the order for the IV to oral medication switch.
- To notify the prescribing physician when an automatic IV to oral conversion is made by leaving a note in the patient's medical record.
- To inform the patient's nurse of any change in a medication order as a result of an automatic IV to oral conversion.

Nursing

- To ensure the automatic IV to oral conversion therapy order is placed in the medical record.
- To administer the appropriate medication to the patient following the medical staff approved automatic IV to oral conversion therapy.

		<i>Department of Pharmacy Policy/Procedure</i>
Title: AUTOMATIC INTRAVENOUS TO ORAL CONVERSION		Section: Drug Use Policies Policy # 04. 060
Effective Date: 09/08/2004	Revision Date: [RD] 8/25/2004	Page(s): 2 of 2

PROCEDURE:

Physician

- The physician will review written information provided by the Department of Pharmacy Services concerning selection of criteria and agents to be included in the automatic IV to oral conversion process.
- The physician will review the pharmacist's note regarding the conversion. If the physician disagrees with the conversion, he/she may discontinue the oral medication and re-order the IV medication placing the statement "No Automatic IV to Oral Conversion" alongside the new medication order.

Pharmacy

- The pharmacy will keep an updated electronic database entitled "Automatic IV to oral conversion therapy" that will contain the following information:
 - a. Listing of drug classes affected by automatic IV to oral therapy program (Attachment A)
 - b. Patient clinical criteria used to determine when a patient is appropriate for the transition from IV to oral therapy (Attachment B).
- If a physician writes an order for an agent included in the automatic IV to oral conversion program, the pharmacist will consider that patient a level one patient in the Pharmacy triage process.
 - a. The pharmacist will evaluate the patient to assess when/if criteria are met for automatic IV to oral conversion.
 - b. If the patient meets criteria, the pharmacist will write an order for the preferred product on a physician order form.
The order shall state:
 - "Discontinue (intravenous product; strength; route of administration; dosing schedule)
 - Start (preferred oral agent; strength; route of administration; dosing schedule)
 - Automatic IV to oral conversion per (prescriber's name)/RPh name
- The pharmacist will complete, date, and time the order, place the order in the chart, and notify the nurse. If the order is written from the Central Pharmacy, the pharmacist will stamp the words "Chart Copy" on the order, and will fax the order to the nursing unit. The pharmacist will notify the nurse that an order has been faxed and needs to be placed in the chart.
- The pharmacist will leave a pharmacist to physician IV to oral conversion form in the patient's progress notes section. (Attachment C).
- The pharmacist will verify orders for new agent once entered in the hospital computer system by the nursing staff.

Nursing

- The nursing staff will ensure that current orders are entered into the hospital computer system per policy (see Nursing Policy "**Physician Orders: Obtaining, Transcribing, Clarifying**").
- The nurse will administer the appropriate medication to the patient as per nursing policies.

APPROVED BY:	TITLE: Director of Pharmacy	DATE:
APPROVED BY:	TITLE:	DATE:
APPROVED BY:	TITLE:	DATE:
REVIEWED BY:	TITLE:	DATE:
WRITTEN BY:	TITLE:	DATE:

Attachment A: Drug/classes affected by automatic conversion

- Famotidine (Pepcid[®])
- Fluconazole (Diflucan[®])
- Folic acid
- Levofloxacin (Levaquin[®])
- Metronidazole (Flagyl[®])
- MVI
- Pantoprazole (Protonix[®])
- Thiamine

Attachment B: Criteria for automatic conversion

Pharmacist Directed Automatic Conversion from Intravenous to Oral Therapy	
Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none">• Able to eat or tolerate enteral feeding• Able to adequately absorb oral medications via the oral, gastric tube, or nasogastric tube route <p>Additional criteria for antibiotic/antifungal agents:</p> <ul style="list-style-type: none">• Afebrile at least 24 hours (temp < 100° F)• Clinically improving (white count decreasing, improved signs and symptoms as documented in prescriber progress notes)• Infection is at a site where an oral agent will achieve an adequate level• Patient is not septic	<ul style="list-style-type: none">• Patient experiencing vomiting, diarrhea (abnormalities in stool weight, liquidity or frequency per day) in past 24 hours• Patient with NG output >150 ml for 2 or more times in a 24 hour period• Patient with ileus, celiac sprue, proximal resection of small intestine• Patient with meningitis, endocarditis, intracranial abscesses, mediastinitis, osteomyelitis, legionella pneumonia, exacerbation of cystic fibrosis, inadequately drained abscesses and empyema, severe soft tissue infections, infections of foreign bodies (IV catheters), <i>Stapylococcus aureus</i> or <i>Pseudomonas aeruginosa</i> bacteremia, fungemia, septicemia• Liver abscesses, adequately drained abscesses and empyemas, osteomyelitis, and arthiritis can be changed to oral therapy after 2 weeks of IV therapy• Patient hemodynamically unstable (heart rate >100 beats/minute, respiratory rate >24 breaths/minute, and systolic BP <90 mmHg)

Attachment C: Pharmacist to Physician Notification Form

PHARMACIST to PHYSICIAN NOTIFICATION FORM

DATE: _____ ROOM #: _____

PATIENT NAME: _____

DR. _____

This patient currently has orders for:

The Medical Board and P&T Committee have approved the automatic conversion from IV to oral therapy under certain clinical circumstances. Your patient's therapy was changed to:

Thank you,

Pager #

NOT A PART OF THE PERMANENT RECORD