



Osler Standard Order Set

<b>WEIGHT:</b>	kg	<b>HEIGHT:</b>	cm
<b>ESTIMATED DATE OF DISCHARGE:</b>			
<b>ALLERGIES:</b> <input type="checkbox"/> NO KNOWN ALLERGIES			

Patient Identification

**Pharmacist-initiated Antimicrobial Therapeutic Interchange Order Set**

ACTION

Fill in required blanks and check appropriate boxes. To delete order, draw line through and initial. Orders not checked will not be implemented.

- ☐ Antimicrobial therapeutic interchange  
(per Automatic Substitution & Therapeutic Interchange Policy approved by MAC)
- ☐ IV to PO Antibiotic Step-Down Therapy

**Inclusion Criteria for Step-Down Therapy**

- Antimicrobial is on the list of approved agents for IV to PO conversion
- Patient able to take oral medications (or via NG/JG/PEG etc.)
- Patient is hemodynamically stable  
(No signs of sepsis/SIRS, not requiring vasoactive medications, and afebrile for longer than 48 hours)

**Exclusion Criteria for Step-Down Therapy**

- Treatment of endocarditis, central nervous system infections, abscess, bone and joint infections, and bacteremia
- Febrile neutropenia
- GI dysfunction (e.g. ileus, severe diabetic gastroparesis, vomiting)
- Infections with *Staphylococcus aureus*
- Paediatric patients

**Discontinue:** \_\_\_\_\_

**Start:** \_\_\_\_\_

☐ No stop date indicated

☐ Current stop date: \_\_\_\_\_

ORDER  
ENTRY  
RECORD  
MEDICATION  
OF CARE  
PLAN

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Pharmacist Signature and Mnemonic

Date/Time

Transcribed By

Date/Time

Checked By

Date/Time

Form #: 10 100 374 V.1.0

16 May 2016

Rx Code #: NoRxCode



01^ORDER



02^10 100 374



03^1 of 1



04^NoRxCode

## ASSOCIATED DOCUMENT

### Pharmacist-initiated Antibiotic Therapeutic Interchange Order Set 10 100 374

#### IV to PO Conversion (Step Down Therapy)

Pharmacist can adjust existing orders for antibiotics listed herein, only when patients meet criteria below.

##### **Criteria for Step-Down Therapy**

- Antimicrobial is on the list of approved agents for IV to PO conversion
- Patient able to take oral medications (or via NG/JG/PEG etc.)
- Patient is hemodynamically stable (No signs of sepsis/SIRS, not requiring vasoactive medications, and afebrile for longer than 48 hours)

##### **Exclusion Criteria**

- Treatment of endocarditis, central nervous system infections, abscess, bone & joint infections, and bacteremia
- Febrile neutropenia
- GI dysfunction (e.g. ileus, severe diabetic gastroparesis, vomiting)
- Infections with *Staphylococcus aureus*
- Paediatric patients

IV Drug	IV Dose & Frequency	PO Drug	PO Dose & Frequency
Ampicillin	1-2 g q6-8h	Amoxicillin	500 mg q8h
Cefazolin‡	1 g q8h	Cephalexin	500 mg q6h
Ciprofloxacin	400 mg IV 200 mg IV	Ciprofloxacin	500 mg same frequency 250 mg same frequency
Levofloxacin	Any dose	Levofloxacin	Same as IV
Moxifloxacin	400 mg q24h	Moxifloxacin	400mg q24h
Metronidazole	Any dose	Metronidazole	Same as IV
Clindamycin	600 mg q8h	Clindamycin	450 mg q8h
Fluconazole	Any dose	Fluconazole	Same as IV

‡ Only for uncomplicated urinary tract infections (i.e. cystitis)

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## ASSOCIATED DOCUMENT

### Pharmacist-initiated Antibiotic Therapeutic Interchange Order Set 10 100 374

Continued from previous page

#### **Antimicrobial Therapeutic Interchange**

Pharmacists can automatically alter existing antibiotic orders (below) in compliance with the MAC approved auto-substitution policy

Ordered Antibiotic		Substitution
Ampicillin oral caps/susp any dose	<b>TO</b>	Amoxicillin oral caps/susp same dose q8h
Azithromycin PO (any dose)	<b>TO</b>	Clarithromycin XL 1,000 mg PO once daily
<b>Exception:</b> Treatment of STDs, MAC, Renal dysfunction		
Cefazolin 1 g IV q6h	<b>TO</b>	Cefazolin 1 g IV q8h
Ceftriaxone all dosage regimens	<b>TO</b>	Ceftriaxone 1g IV q24h
<b>Exception:</b> CNS infections, ICU admission, Endocarditis, Spontaneous Bacterial Peritonitis, Pneumococcal infections		
Clarithromycin 500 mg PO BID	<b>TO</b>	Clarithromycin XL 1,000 mg PO once daily
Clarithromycin 250 mg PO BID	<b>TO</b>	Clarithromycin XL 500 mg PO once daily
<b>Exception:</b> H.pylori infections, MAC, Renal dysfunction		
Clindamycin IV all dosage regimens	<b>TO</b>	Clindamycin 600mg IV q8h
<b>Exception:</b> Pelvic Inflammatory Disease, GBS, Cerebral Toxoplasmosis, Toxic Shock Syndrome		
Meropenem 1g IV q8h	<b>TO</b>	Meropenem 500mg IV q6h
<b>Exception:</b> Meningitis (2 g IV q8h), renal dysfunction, CNS infections		
Metronidazole 500mg IV/PO q6-8h	<b>TO</b>	Metronidazole 500mg IV/PO q12h
<b>Exception:</b> Clostridium difficile colitis CNS infection or amoebic liver abscess		
Nystatin all oral dosage regimens	<b>TO</b>	Nystatin suspension 500,000 units PO QID
Piperacillin-Tazobactam all dosage regimens	<b>TO</b>	Piperacillin-Tazobactam 4.5 g IV q8h
<b>Exception:</b> Documented Pseudomonas aeruginosa infections (4.5 g IV q6h), renal dysfunction		

\*\*\* For complete list of MAC approved therapeutic interchanges, see Automatic substitution/Therapeutic Interchange Policy