

Critical IV Fluid Shortage – Oral antibiotic recommendations quick reference for UCSF Health

UCSF Adult & Pediatric Antimicrobial Stewardship Programs

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De-escalate to oral therapy: For many infections, oral therapy is at least as effective as IV therapy, and patients can be stepped down to oral therapy once they are clinically improving. Below are some examples of infections where step down to oral therapy is generally indicated once the patient is clinically improving. Oral therapy should take into account microbiologic data collected. This is not an exhaustive list—refer to IDMP for other disease states.

Shorter durations are as effective: Evidence-based durations of therapy for common infections are noted below. These durations are as effective with fewer adverse effects than longer durations.

Adults PO Transition Guidance: Refer to IDMP for guidelines and dosing recommendations

Syndrome	Recommendation (oral)	Duration/Comments
Community-acquired pneumonia (CAP)	Refer to IDMP guideline <ul style="list-style-type: none">Amoxicillin + doxycycline<i>Alternative:</i> Levofloxacin	5 days
Intra-abdominal infection without gram negative bacteremia	<ul style="list-style-type: none">Ciprofloxacin + metronidazoleAmoxicillin-clavulanate	With source control: 4 days post-procedure Appendicitis managed conservatively: 10 days
Gram negative bloodstream infection - uncomplicated	Refer to IDMP guideline for IV to PO step down	7 days
Cellulitis (non-purulent)	Refer to IDMP guideline <ul style="list-style-type: none">Cephalexin	5 days
Cellulitis (purulent)	Refer to IDMP guideline <ul style="list-style-type: none">TMP/SMX	5 days
UTI: Cystitis	Refer to IDMP guideline <ul style="list-style-type: none">NitrofurantoinCephalexin	3-7 days (drug dependent)
UTI: Pyelonephritis	Refer to IDMP guideline Utilize susceptibilities if available <ul style="list-style-type: none">TMP/SMXCiprofloxacin	5-7 days

Pediatric Considerations

- Refer to IDMP [for guidance on empiric therapy](#) for common pediatric considerations, this includes option for oral therapy for patients that are able to tolerate enteral medications.
- Consider oral therapy empirically/initially for some indications and/or earlier transitions to oral therapy if possible prior to discharge for patients that are able to tolerate enteral medications. If there are no oral options listed on IDMP, please consult ID/ASP for guidance.
- Place end-dates on IV medications – this alerts pharmacy not to make additional doses for the patient which might be otherwise wasted without an end date.