Adult Antibiotic Intravenous to Oral Switch Therapy (IVOST) Guidance for Obstetric Patients

NHS Grampian

- Intravenous (IV) antibiotics must be reviewed daily.
- Stop antibiotics unless there is clear evidence of infection.
- Document the patient's progress and the full antibiotic plan within 24-72 hours.

Is your patient ready for IVOST?

DOES INFECTION REQUIRE PROLONGED IV THERAPY e.g. deep abscess not amenable to drainage or IV therapy advised by specialist? Seek microbiology/infectious diseases advice for antibiotic/oral switch plan.

YES → Document planned duration of IV antibiotics on Prescription and Administration Record (PAR).

Review the need for IV therapy daily if duration still unclear.

NO ↓

CLINICAL IMPROVEMENT in signs of infection, resolving sepsis, improvement of Scottish Maternity Early Warning Score (MEWS) observations and inflammatory markers e.g. WCC (White Cell Count) and CRP (C-reactive Protein)?
Note: CRP does not reflect severity of illness or the need for IV antibiotics and may remain elevated as the infection improves. Do not use CRP in isolation to assess IVOST.
ORAL ROUTE IS AVAILABLE and no concerns regarding absorption?

NO → Check microbiology results; can you narrow the spectrum of IV therapy?

YES

Can you **STOP** antibiotics altogether? If no, then **SWITCH to ORAL:**

- **If positive microbiology** results use these to guide antibiotic selection (use narrowest spectrum possible)
- **If no positive microbiology** and patient was treated with empiric IV therapy use table below for oral switch
- **Record the intended duration** on the Prescription & Administration Record (TOTAL duration = IV + ORAL)

Indication	Empiric Oral Switch* (1st line)	Empiric Oral Switch* (2nd Line)	Total Duration (IV + Oral)
Pyrexia in Labour	Co-amoxiclav 625mg 8 hourly	Clarithromycin 500mg 12 hourly	5 days
Urosepsis/Pyelonephritis	Co-amoxiclav 625mg 8 hourly	Contact microbiology for advice	7 days
Mastitis	Flucloxacillin 500mg – 1g 6 hourly	Clarithromycin 500mg 12 hourly	10 days
Caesarean Section Wound Infection	Flucloxacillin 500mg – 1g 6 hourly If anaerobes suspected + Metronidazole 400mg 8 hourly	Clarithromycin 500mg 12 hourly If anaerobes suspected + Metronidazole 400mg 8 hourly	10 days
Endometritis	Co-amoxiclav 625mg 8 hourly	Clarithromycin 500mg 12 hourly + Metronidazole 400mg 8 hourly	7 days
Sepsis No Obvious Source	Co-amoxiclav 625mg 8 hourly	Contact microbiology for advice	7 – 14 days

*All doses are for normal renal/hepatic function. See BNF/SPC or seek pharmacy advice regarding dose adjustments or drug interactions.

The antibiotics tabled are suitable for IVOS once the initial bacterial burden has been sufficiently reduced by intravenous therapy.