Intravenous to Oral Switch of Co-amoxiclav in Hospitalized Patients

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Abstract:

Background: IV-to-PO switch, that is, transitioning patients from intravenous (IV) to oral (PC) antimicrobial therapy, is a core component of Antimicrobial Stewardship Programs (ASP). It aims at conserving healthcare expenses, reducing IV access complications, and facilitating earlier discharge without compromising clinical outcomes. This audit specifically evaluates the practice of switching patients from IV co-amoxiclav to its oral equivalent following 48 hours of initial IV treatment

Methods: Retrospective analysis of 50 inpatients who were initiated on IV co-amoxiclav and later switched to an oral formulation following at least 48 hours of therapy. Data collected consisted of patient demographics, Indication for co-amoxiclav use, length of IV therapy, switch time (if more than 48 hours), notation of switch criteria, and any resultant clinical outcomes (eg, treatment failure, 30-day readmission due to infection).

Results: Two patients (4%) experienced treatment failure requiring rescue back to IV therapy) The analysis will quantify the rate of compliance with 48-hour target for IV-to-PO switch and identify barriers or facilitators to timely switch. Early outcomes will illustrate the safety and efficacy of the switch protocol in this population of patients, with focus on adherence to local ASP guidelines.

Conclusion: The audit demonstrates strong compliance with the 48-hour IV-to-PO co-amoxiclav switch protocol and suggests successful implementation of the ASP. Findings will inform recommendations to optimize the use of co-amoxiclav, optimize the efficiency of care, and continue antimicrobial stewardship practice refinement for the IV-to-PO switch.