

Pali Momi Medical Center Antimicrobial Stewardship Program

Antimicrobials under review

Ciprofloxacin (Cipro®)
 Clindamycin (Cleocin®)
 Daptomycin (Cubicin®)
 Doripenem (Doribax®)
 Fluconazole (Diflucan®)
 Levofloxacin (Levaquin®)

Linezolid (Zyvox®)
 Meropenem (Merrem®)
 Metronidazole (Flagyl®)
 Moxifloxacin (Avelox®)
 Tigecycline (Tygacil®)
 Voriconazole (Vfend®)

Recommendations for IV to PO conversion

Antimicrobial Agents	Recommend conversion to oral antimicrobial therapy if patients meet <u>ALL</u> of the following:
Ciprofloxacin IV Clindamycin IV Fluconazole IV Levofloxacin IV	<input type="checkbox"/> WBC 4,000 – 12,000/mm ³ <input type="checkbox"/> Temperature 35 – 37.5°C (95 – 99.5°F) for >24 hours <input type="checkbox"/> Received >48 hours of IV antimicrobial therapy <input type="checkbox"/> Able to take PO antimicrobials (as evidence by other PO medications, or no NPO orders)
Linezolid IV Metronidazole IV Moxifloxacin IV	Do not recommend conversion to oral antimicrobial therapy for: <ul style="list-style-type: none"> <input type="checkbox"/> Treatment of sepsis, bone or endovascular infections

Recommendation to alter current therapy

Antimicrobial Agents	Recommend alternative agent(s) if patients <u>do not</u> meet any <u>ONE</u> of the following criteria for the listed agents:
Carbapenems Doripenem Meropenem	<input type="checkbox"/> Documented treatment failure with Zosyn* <input type="checkbox"/> Evidence/history of ESBL producing organisms <input type="checkbox"/> Penicillin allergy
Daptomycin	<input type="checkbox"/> Documented treatment failure with vancomycin* <input type="checkbox"/> Evidence/history of vancomycin intermediate or resistant organisms <input type="checkbox"/> Vancomycin allergy
Linezolid	<input type="checkbox"/> Diagnosis or suspicion of MRSA pneumonia <input type="checkbox"/> Documented treatment failure with vancomycin* <input type="checkbox"/> Evidence/history of vancomycin intermediate or resistant organisms <input type="checkbox"/> Vancomycin allergy <input type="checkbox"/> Necrotizing infection/toxic shock
Tigecycline	<input type="checkbox"/> Documented treatment failure with 2 other anti-MRSA agents*
Voriconazole	<input type="checkbox"/> Documented treatment failure with fluconazole* <input type="checkbox"/> Diagnosis or suspicion of invasive aspergillosis [§]

*Treatment failure is defined as development of resistant organisms, or clinical decline (persistent fevers or hypothermia, increasing WBC, persistent or worsening signs and symptoms, organ failure, septic shock, etc.)

[§]Candidates for voriconazole therapy include patients who are immunocompromised (HIV, inherited), have prolonged neutropenia, have undergone hematopoietic stem cell transplantation (HSCT), or lung transplantation.