

Background

Delaying IV-to-oral antibiotic switches (IVOS) can result in less favourable outcomes for a patient, including, increased risk of: cannula related infections, thrombophlebitis, developing antimicrobial resistance, and often longer durations of stay in hospital. IVOS are also advantageous with respect to cost reduction; both in terms of the medication itself, as well as a reduction in hidden costs (e.g. equipment for administration and nursing time) (1-2).

Internal engagement with staff identified unknown barriers associated with pharmacists' involvement in IVOS. Hence, the aim of this project was to assess the awareness of the current IVOS guideline, and to collate pharmacists' opinions on the areas of improvement for this guide. One proposed improvement for this guideline is a RAG-rated system.

Results

A total of 36 responses were collected. Thirteen respondents were unaware of the IVOS guideline. Eighteen respondents reported that they had never used the guideline. Of those respondents who had used this guide, no one 'disagreed' to this being user-friendly.

One of the main themes for suggested improvement was adding additional information on monitoring requirements. This was also suggested with regards to the possibility of incorporating monitoring requirements into an interactive guideline (i.e. being able to input CRP, WCC, NEWS and other information to get a 'red' or 'green' light on an oral antibiotic switch). Of the 36 respondents, 24 reported their preferred format for an IVOS guide would be a table (rather than a RAG-rated system or other suggestions).

Conclusions

The results demonstrate that there is a need to increase awareness of the current antibiotic guidelines used within the trust, specifically regarding the IVOS guide. This could be implemented through teaching sessions. Overall, pharmacists appear satisfied with the current table format of this guide, hence, a RAG-rated system may not be the direction for future improvement. These findings could be further discussed at the next trust antimicrobial steering group.

Further research should be carried out to determine other useful improvements, which would assist pharmacists initiating IVOS. Other investigations assessing the feasibility of suggested improvements, such as an interactive guide, would be beneficial.

References

1. Cunha BA. Intravenous to oral antibiotic switch therapy. *Drugs Today (Barc)*. 2001;37(5):311-319.
2. Cyriac JM, James E. Switch over from intravenous to oral therapy: A concise overview. *Journal of Pharmacology and Pharmacotherapeutics*. 2014;5(2):83-87.

Methods

- A survey was sent to all pharmacists and pre-registration pharmacists within one hospital trust.
- The survey was comprised of 10 questions, with a 2-week data collection period.
- The survey focused on: identifying how many pharmacists currently use the IVOS guideline, how user-friendly the guideline is, and the preferred format of an IVOS guide.

Survey Results

Total number of respondents from the survey	36
Number of respondents who were aware of the IV to Oral switch resource on microguide	18
Number of respondents who "strongly agreed" or "agreed" that they found the resource helpful	15
Number of respondents who agreed that they would find an IV to Oral switch guide helpful	33

