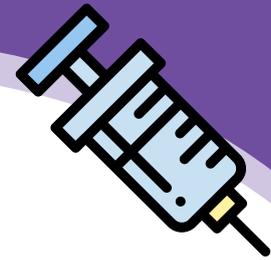
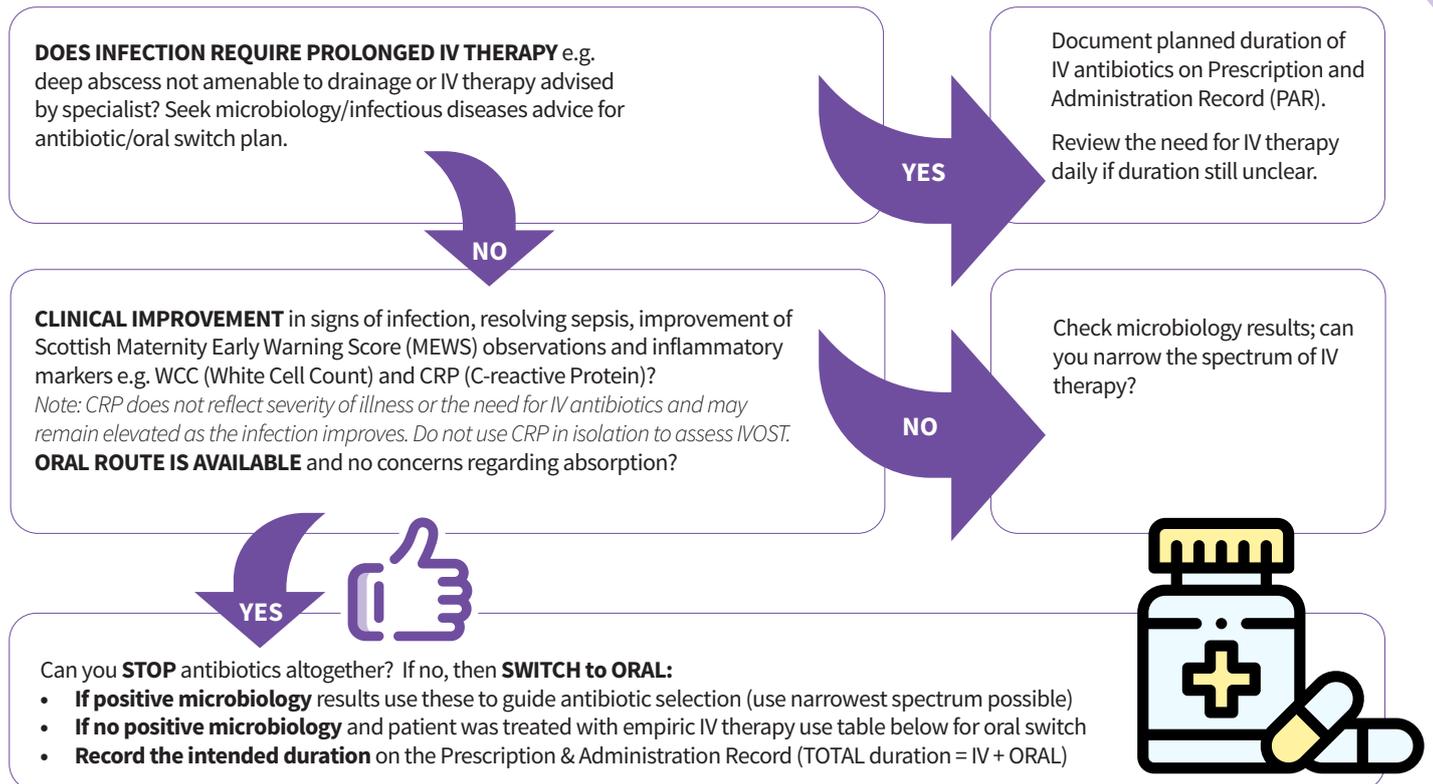


Adult Antibiotic Intravenous to Oral Switch Therapy (IVOST) Guidance for Obstetric Patients

- 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?



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.