

**St. Joseph's Healthcare
Hamilton, Ontario**

APPENDIX A: From Hospital Policy 34-Med.

APPROVED ANTIMICROBIAL THERAPEUTIC INTERCHANGES

IF MEDICATION ORDERED AS:	THIS IS THE APPROVED INTERCHANGE:	DATE OF M.A.C. APPROVAL
Azithromycin 500mg IV q24h	Azithromycin 250mg PO q24h (as per IV to PO Stepdown policy 038-MED)	05.17
Ampicillin p.o. q6h	Amoxicillin p.o. gram for gram q8h	05.90
Cephalothin IV/IM q6h	Cefazolin IV/IM gram for gram q8h	05.90
Cefotaxime 1g IV q8h or q12h *for moderate infections (e.g., Community acquired pneumonia)	Ceftriaxone 1g IV q24h (no dosage adjustment for renal impairment)	04.97
Cefotaxime 2g IV q8h or q12h *for serious infections (e.g., sepsis)	Ceftriaxone 2g IV q24h (no dosage adjustment for renal impairment)	04.97
Cefotaxime 2g IV q6h or q4h *for patients with meningitis or typhoid fever	Ceftriaxone 2g IV q12h (no dosage adjustment for renal impairment)	04.97
Ciprofloxacin (dose dependent on organism/infection) 400mg IV q8h 400mg IV q12h 200mg IV q12h	Ciprofloxacin (as per IV to po Stepdown policy 038-MED) 750mg PO q12h 500mg- 750mg PO q12h 250mg PO q12h	05.17
Clindamycin 600mg IV q8h	Clindamycin 300-450mg PO q6h (as per IV to PO Stepdown policy 038-MED)	05.17
Fluconazole (Dosage range based on weight, indication and renal function) X mg IV q24h	Fluconazole (as per IV to PO Stepdown policy 038-MED; same dose and frequency for IV and PO) X mg PO q24h	05.17
Fusidic Acid 2% cream	Polymyxin-bacitracin ointment (Polysporin®/Polytopic®/Polytracin®)	9.15
Gentamicin IV	Tobramycin IV milligram for milligram <i>*Interchange applies only to susceptible cultures and empiric therapy*</i> <i>Note: Interchange does not apply to NICU orders and when being used for synergy in treatment of enterococcal endocarditis.</i>	05.14
Imipenem/Cilastin: 500mg Q6-8 H 1 G Q6-8 Xmg Q12H	Meropenem: 500mg Q6H 1 G Q8H X mg Q12H	04.00

These policies are for internal use only at **SJHH** and are **CONTROLLED** documents as are all management system files on the intranet. Any documents appearing in paper form are not controlled and should **ALWAYS** be checked against the intranet version (electronic version) prior to use

IF MEDICATION ORDERED AS:	THIS IS THE APPROVED INTERCHANGE:	DATE OF M.A.C. APPROVAL
<p>Meropenem 1g IV TID</p> <p><u>Excluded from interchange if:</u> Actual body weight > 2 times IBW</p> <p>Note: Meropenem 2g IV Q8H recommended if: neutropenic patients, CNS or eye infections, patients with cystic fibrosis</p>	<p>If CrCl greater than 50ml/min: Meropenem 500mg IV Q6H If CrCl 25-49ml/min: Meropenem 500mg IV Q8H If CrCl 10-24ml/min: Meropenem 500mg IV Q12H If CrCl less than 10ml/min: Meropenem 500mg IV Q24H</p> <p>If on hemodialysis: Meropenem 500mg IV Q24H, with dose administered after dialysis session</p> <p>If on continuous veno-venous hemodialysis (CVVHD) – dose as CrCl >50ml/min</p>	03.08
<p>Metronidazole 500mg IV qXh</p>	<p>Metronidazole (as per IV to po Stepdown policy 038-MED; same dose and frequency for IV and PO) 500mg PO qXh</p>	05.17
<p>Moxifloxacin 400mg IV q24h</p>	<p>Moxifloxacin 400mg PO q24h (as per IV to po Stepdown policy 038-MED)</p>	05.17
<p>Non urinary tract use Levofloxacin 500mg Levofloxacin 250mg Levofloxacin 750mg</p>	<p>Moxifloxacin 400mg</p>	10.04
<p>Nitrofurantoin 50-100mg po QID</p>	<p>Nitrofurantoin (Macrobid) 100mg po bid <i>*interchange applies only to patients with CrCl above 50ml/min and who do not have an NG tube*</i></p>	09.12
<p>Nitrofurantoin orders for patient with NG tube</p>	<p>Nitrofurantoin tablets 50mg NG qid <i>*interchange applies only to patients with CrCl above 50ml/min*</i></p>	09.12
<p>Polymyxin – bacitracin cream Bacitracin or gramicidin/neomycin/polymyxin combinations (Neosporin®) Neomycin/bacitracin/IL cystein/DL-threominal glycine (Cicatrin®)</p>	<p>Polymyxin-bacitracin ointment (Polysporin®/Polytopic®/Polytracin®)</p>	06.96

Policy & procedure

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