***Endocarditis:***

New evidence will have clinicians asking about when to use ORAL antibiotics to treat endocarditis. Traditionally, most patients are treated with 4 to 6 weeks of intravenous (IV) antibiotics. Now early evidence suggests that switching some patients with left-sided endocarditis to oral antibiotics may be as effective as continuing IV meds. This adds to limited data that oral antibiotics might be effective for right-sided endocarditis which is often due to IV drug use.

For now, save oral antibiotics for stable patients who refuse to continue IV antibiotics, when frequent IV doses at home aren't practical, or when sending a patient home with an IV line isn't safe. In general, oral treatment should be limited to patients with nonresistant, gram-positive infections who have received about 2 weeks of IV therapy and have negative blood cultures. This is because there still isn’t much evidence about earlier IV to oral conversions, which oral regimen is best, or whether oral meds are effective for gram-negative or resistant bugs. There are concerns about adherence as well.

If switching to oral therapy is appropriate, lean toward amoxicillin for streptococcal or enterococcal infections, dicloxacillin for susceptible staphylococcus, or linezolid for any of these bugs if a twice daily medication is preferred. Consider adding rifampin to improve staphylococcal coverage, especially in prosthetic valve patients. Use high doses such as amoxicillin or dicloxacillin 1 gram four times daily, emphasize adherence, and reassure patients that these doses seem well tolerated. Patients should continue oral therapy to complete a total of 4 to 6 weeks of antibiotics.

Assist patients with getting meds filled prior to discharge if possible and stay alert for cost concerns. Dicloxacillin or rifampin costs about $10/day, and linezolid costs over $15/day. Recommend close follow-up. Educate patients to get prompt evaluation for fever, shortness of breath, chest pain, etc. ***Pharmacist’s Letter Online, November 2018***

May I help you?



**DRUG SHORTAGES**

**IV HYDROMORPHONE**

**IV MORPHINE**

**IV FENTANYL**

**IV Hydralazine**

**DOPAMINE**

**DOBUTAMINE**

**Bupivacaine**

**AKWA tears**

**IV Labetalol**

**IV Sodium Bicarbonate**

**IV Sodium Phosphate**

**LIDOCAINE**

**KAYEXALATE**

**TOPICAL THROMBIN**

**IV DIPHENHYDRAMINE**

**For more information**

**contact:**

www.ashp.org/DrugShortages