Online Appendix. Clinical intervention form

Antimicrobial Stewardship Campaign
Pharmacy Hospital _________________

Switch IV to ORAL?
This patient has met the criteria for IV-Oral antibiotic switching on _____________, Day _____ of IV ________________________________

✓ Clinically improving
✓ Able to tolerate orally
✓ No signs of sepsis
✓ Temperature < 38⁰C for past 24 hours
✓ No specific need for high tissue concentration/prolonged IV route (eg endocarditis, osteomyelitis, meningitis, bone and joint infection, Staphylococcus aureus bacteraemia, melioidosis)

Suggest to switch to oral antibiotic ___________________________
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For Medical Officer’s feedback
☐ Agree to switch today
☐ Agree to switch on a later day
| [Pls state reason(s) : ___________________________]
☐ Disagree on early IV-Oral switch for this patient
| [Pls state reason(s) : ___________________________]