The AMR Global Health Academy

AMR in Practice #5: Decision Point
"Is IV Therapy Still Necessary?"

Learning Pathway:
Stewardship in Clinical Practice

The Scenario

A 56-year-old man is admitted with cellulitis of the lower leg and started on intravenous antibiotics.

After 48 hours, he is afebrile and clinically stable. The redness and swelling are improving, he is tolerating food and oral medications, and there are no signs of a deep or complicated infection.

The team is preparing for morning rounds. His next dose of IV antibiotics is due soon.

The Decision Point

Would you continue IV antibiotics — or switch to an appropriate oral antibiotic?

How To Think It Through

Starting an antibiotic is not the end of the stewardship decision. Route of administration should also be reassessed as the patient improves.

IV antibiotics may be appropriate when a patient is severely ill, unable to take or absorb oral medication, or when an effective oral option is not available. But IV therapy should not automatically continue simply because it was the appropriate route when treatment began.

This patient is clinically improving, hemodynamically stable, able to take oral medications, and has no features requiring continued IV treatment. If an appropriate oral antibiotic is available, IV-to-oral transition should be considered.

Reassessing the route of therapy is an important part of antimicrobial stewardship and should be incorporated into routine clinical review.

Key Takeaway

Review the route as the patient improves. When clinically appropriate, switching from IV to oral antibiotics can provide effective treatment while avoiding unnecessary IV therapy.

Why This Matters

Unnecessary IV antibiotic use can increase catheter-related complications, restrict patient mobility, consume healthcare resources, and potentially prolong hospitalization.

Using the least invasive effective route is part of appropriate antimicrobial use.

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