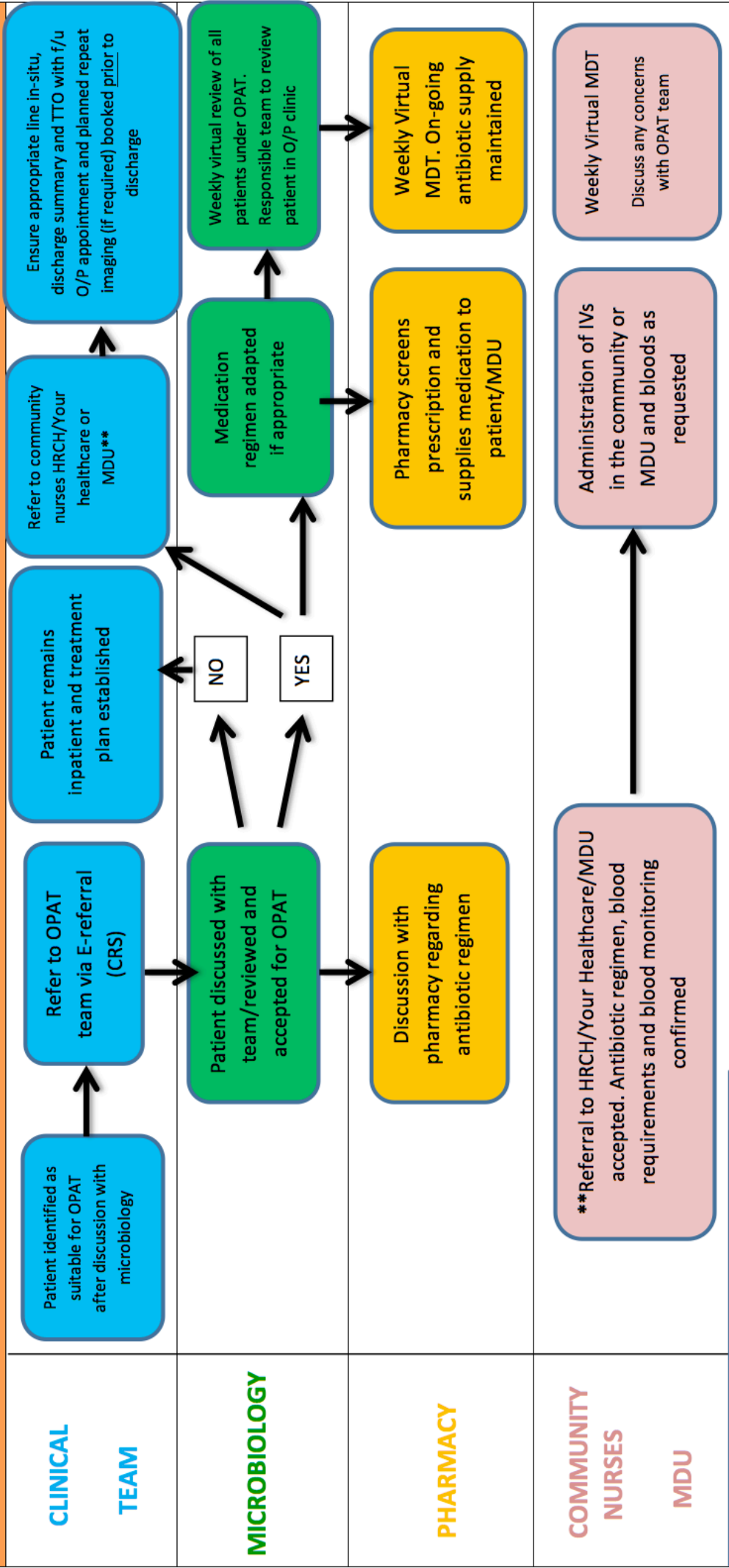


OUTPATIENT PARENTERAL ANTIMICROBIAL THERAPY (OPAT)

OPAT patients remain the clinical responsibility of the referring consultant until they are discharged from the OPAT service.



CLINICAL TEAM

MICROBIOLOGY

PHARMACY

COMMUNITY NURSES

MDU

Clinical conditions that will be considered for OPAT

- Pyelonephritis
 - Osteomyelitis/discitis
 - Joint infections
 - Cellulitis/wound infections
 - Pneumonia –e.g- I.E bronchiectasis
- Discuss with microbiology suitability**

Venous Access

- Ensure patient has appropriate Line in-situ at KHT BEFORE discharge
- If IV course is > 7 days-long Dwell venous access is recommended-refer to Trust Selection of IV Access Device Policy in the Blue book
- The 1st dose of antibiotics must be administered in the hospital

Weekly Virtual MDT

- Includes Microbiology & Medical consultant, Antimicrobial pharmacist, community nurses
- Patients will be discussed weekly at the OPAT virtual MDT
- Blood tests will be reviewed, antibiotics and follow up plan may be changed liaising with clinical team where needed