

Outpatient Parental Antimicrobial Therapy (OPAT) Service

The OPAT team (Consultant Microbiologist, Medical consultant, Antimicrobial pharmacist, Vascular access team, Community nurses) will facilitate early discharge and safe delivery of Intravenous antibiotics in the community for medically stable patients (whose only reason to stay in hospital is to receive IV antibiotic therapy). The aim is to reduce length of stay in hospital, reduce the risk of healthcare-associated infection and improved patient choice and satisfaction. All OPAT patients will be closely supervised by a multidisciplinary team. For all patients, the clinical responsibility will remain with the referring clinical team.

Patient inclusion criteria

- Medically stable other than requiring intravenous treatment-discuss with microbiology if clinical condition is suitable for OPAT.
- Patient fully informed and consents to intravenous therapy
- Patient is willing to attend hospital for follow up
- Patient has a suitable home environment for administration of intravenous therapy
- Patient has access to a telephone at home and able to access help in an emergency
- Patient has access to a responsible person 24hrs per day
- Referring doctor has accepted responsibility for patient until discharge from the OPAT service

Exclusion criteria

- Patient has known history of severe cognitive impairment
- Patient has known history of drug or alcohol abuse
- Patient has history of poor compliance to treatment

ALL PATIENTS REMAIN UNDER JOINT CARE OF THE REFERRING TEAM AND THE OPAT TEAM

OPAT REFERRAL PATHWAY

OPAT E-Referrals will be accepted on Monday-Friday between 9am-4pm

1. Once a patient is identified by the clinical team as suitable for OPAT, they should refer them to the Microbiology team via the E-referral system unless they are referred directly to the SDEC team.
2. The Microbiologist will discuss the patient with the team and if they are suitable, they will discuss antibiotic options for OPAT and liaise with the Pharmacist. If the patient is not suitable for OPAT, they will remain as an inpatient with a treatment plan.
3. Once the patient is accepted for OPAT, the referring team will arrange a suitable line for administration of the IV antibiotics (via the vascular access team)-please refer to the Trust Selection of IV Access Device Policy in the Blue Book.
4. The referring team will complete a referral form for the Community nurses (Your HealthCare/HRCH) or Medical Day Unit (MDU). The referral form includes a point of contact for the clinical team and clear instructions for blood tests required and frequency of blood monitoring in the community.
5. A patient consent form (for the OPAT service), discharge summary with the antibiotics for the required treatment duration, any follow up appointments or planned imaging should be completed prior to discharge by the referring team.
6. The 1st dose of antibiotics should be administered in hospital. The pharmacist will screen and supply the required antibiotics to the patient prior to discharge home or MDU.
7. Ensure line securement and dressings are complete and intact before discharge and the patient is given the relevant patient information Leaflet (found in IV device selection policy in the Trust Blue Book).
Both patient and community teams should have contact information for queries.
8. For community patients, whose care did not originate at Kingston Hospital but who are accepted onto the OPAT service, their progress and management will be discussed at the weekly MDT.
9. All patients under the OPAT service will be discussed weekly at the OPAT virtual MDT (in addition to clinical review by the referring team) and any changes to the antibiotic regimen or further clinical investigations/follow up will be communicated to the referring clinical team.
10. If a patient requires re-admission whilst on the OPAT service, this should be dealt with by the referring team.

OPAT Contacts

- **Monday-Friday 9-5pm**

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- **Monday-Friday after 5pm or Weekends/Bank holidays-** queries regarding patients CURRENTLY on the OPAT service-contact the on-call Microbiologist via switchboard