

Referral to Out-patient Parenteral Antimicrobial Therapy (OPAT) Service

Contact Consultant Microbiologist for new OPAT referrals (Mon-Fri 9-5pm)

General microbiology advice is available:

1) MicroPath automated switchboard 01244 362500 option 3 (WUTH microbiology) during normal working hours Or

2) Arrowe Park Switchboard 0151 678 5111 if out-of-hours

OPAT nurse contact information – For help with referral/IV access:

Bleep 7090 via APH switchboard

Phone: 0151 678 5111 Ext. 8986

OPAT team email: wih-tr.OPATTeam@nhs.net

The referral form is completed via a phone call to Single Point of Access. For further information please go to the Community Guide:

http://mm.wirral.nhs.uk/document_uploads/other-topics/OPAT-Service-Community-Guide-V3-16.06.17.pdf

Acceptance criteria for referral into OPAT service

Inclusion criteria (All must apply)

- Medically stable and fit for discharge (as assessed by medical team, registrar or above) *or* medically stable and fit to remain within community setting (as assessed by GP)
- Able to understand and consent to OPAT (*where patients lack mental capacity to consent treatment can be administered in patients best interests based on individual holistic assessment*)
- Safe and appropriate IV access
- Registered with a GP on the Wirral
- Age >18
- Definitive diagnosis known.
- The patient must agree to comply with all aspects of the treatment plan, including making themselves available at stated times for delivery of therapy
- Suitable home environment for the preparation and administration of intravenous therapies.

Caution: History of anaphylactic reaction from any cause unless agreed by OPAT team in collaboration with responsible clinician. Patient should be risk assessed prior to referral.

Exclusion criteria (Any one of these will exclude the patient)

- History of allergy to agent being administered or related agent
- Known risk of sudden death
- Immunocompromised / neutropenic
- Septic (i.e. 2 or more of the following; heart rate >90bpm, temp >38.3°C or <36 °C, respiratory rate >20 breaths per minute, WCC >12x10⁹/L or <4 x 10⁹/L or new altered mental state
- Unable to communicate / confusion
- Intravenous drug misuser

Referring Clinician's Responsibilities

Outpatient antibiotic therapy (OPAT) service – advice for secondary care early discharge

For the OPAT service to be accessed, the GP must

- provide a summary of the patients diagnosis and relevant past history to the microbiologist
- confirm patient is medically stable and meets all eligible criteria
- obtain informed verbal consent from patient and document in notes
- read the OPAT protocol and understands the ongoing responsibilities
 - e.g. follow up at the end of planned treatment and weekly review if duration of treatment is >7days
- must contact Single point of access (SPA) to complete OPAT referral with relevant clinical information including current and recent medications ensure outcomes from patient follow up are communicated to the OPAT team
- provide input to weekly OPAT MDT review as required
- issue FP10 for antibiotic & diluents, issue PMAC for antibiotic & diluents

Note – if the above requirements are not met, the patient may be removed from the OPAT service

Approved antibiotics for use and initiation in primary and secondary care (on OPAT advice)

Amoxicillin

Co-amoxiclav

Ceftriaxone

Ceftazidime

Ertapenem

Flucloxacillin

Meropenem

Piperacillin/tazobactam (Tazocin)

Temocillin

Teicoplanin

The following may be used if initiated in secondary care ONLY on advice from OPAT.

Daptomycin

Linezolid

Metronidazole

Note: Antibiotics that cannot be administered as a bolus injection and require >30 minute infusion cannot be administered in the community.

