Our data suggest that p-OPAT is safe and effective, with the potential to offer considerable savings for the healthcare economy through reduced length of inpatient stay” Patel et al (2018).

Abstract:

BACKGROUND: Recent advances in outpatient parenteral antibiotic therapy (OPAT) have largely focused on adult practice, and there are few published data on the safety and effectiveness of pediatric OPAT (p-OPAT).

METHODS: During a 3-year-period (2012 to 2015), data were prospectively collected on patients managed within the p-OPAT service at Southampton Children’s Hospital, a tertiary pediatric hospital in the South of England.

RESULTS: A total of 130 p-OPAT episodes were managed during this period. The most frequently managed pathologies were bone and joint infections (44.6%), followed by ENT (10.7%), respiratory (10.0 %) and CNS (10.0 %) infections. The most frequently used antimicrobial agent was ceftriaxone (n=103; 79.2%). For the majority of p-OPAT episodes, antimicrobials were delivered in pre-filled syringes (n=109; 83.8%); 24-hour infusions administered by elastomeric devices were used less commonly (n=16; 12.3%). The median duration of p-OPAT treatment was 9.2 days (interquartile range: 7.6 – 19.0 days). With regard to patient outcomes, 113 (86.9%) p-OPAT episodes resulted in cure and 12 (9.2%) in improvement; treatment failure occurred in 5 (3.9%) episodes. Intravenous catheter-related complications were rare. A total of 1683 bed days were saved over the 3-year-period.

CONCLUSIONS: Our data suggest that p-OPAT is safe and effective, with the potential to offer considerable savings for the healthcare economy through reduced length of inpatient stay.

Reference:

Impact of Pediatric Outpatient Parenteral Antibiotic Therapy Implementation at a Tertiary Children’s Hospital in the United Kingdom. The Pediatric Infectious Disease Journal. April 2nd.

doi: 10.1097/INF.0000000000002031.