



securAcath.

Reduce Infections

Decrease Dislodgements

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The graphic features the SecurAcath logo at the top. Below it, the text 'Reduce Infections' and 'Decrease Dislodgements' is displayed in large, bold, white font against a dark orange background. A 'Learn More' link with a right-pointing arrow is positioned below the text. On the right side, there is a detailed illustration of the SecurAcath device, which is a yellow, wedge-shaped catheter with a central needle. The device has 'LIFT' and 'HOLD' labels on its sides and 'securAcath' written on its top surface. The background of the graphic is a gradient of orange and yellow, with a white diagonal line separating the top section from the bottom section.



Outpatient parenteral antibiotic therapy (OPAT) is a safe and effective modality for treating serious infections. This study was undertaken to define the value of OPAT in a multicentered infectious disease (ID) private practice setting” Petrak et al (2016).

Abstract:

Background: Outpatient parenteral antibiotic therapy (OPAT) is a safe and effective modality for treating serious infections. This study was undertaken to define the value of OPAT in a multicentered infectious disease (ID) private practice setting.

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Methods: Over a period of 32 months, 6120 patients were treated using 19 outpatient ID offices in 6 states. Analysis included patient demographics, indications of OPAT, diagnoses, therapeutic agent, duration of therapy, and site of therapy initiation. Outcomes were stratified by therapeutic success, clinical relapse, therapeutic complications, and hospitalizations after initiating therapy. Statistical analysis included an ordinal logistic regression analysis.

Results: Forty-three percent of patients initiated therapy in an outpatient office, and 57% began therapy in a hospital. Most common diagnoses treated were bone and joint (32.2%), abscesses (18.8%), cellulitis (18.5%), and urinary tract infection (10.8%). Ninety-four percent of patients were successfully treated, and only 3% were hospitalized after beginning therapy. Most common cause of treatment failure was a relapse of primary infection (60%), progression of primary infection (21%), and therapeutic complication (19%).

Conclusions: An ID-supervised OPAT program is safe, efficient, and clinically effective. By maximizing the delivery of outpatient care, OPAT provides a tangible value to hospitals, payers, and patients. This program is a distinctive competency available to ID physicians who offer this service to patients.

Full Text

Reference:

Petrak, R.M., Skorodin, N.C., Fliegelman, R.M., Hines, D.W., Chundi, V.V. and Harting, B.P. (2016) Value and Clinical Impact of an Infectious Disease-Supervised Outpatient Parenteral Antibiotic Therapy Program. *Open Forum Infectious Diseases*. 3(4), p.ofw193. eCollection 2016.

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