

This is the first programme of OPAT administration not dependent on Home Hospitalization Service in Spain, which could allow to optimize the hospital and primary care resources available” Ruiz-Campuzano et al (2016).

Abstract:

OBJECTIVE: Outpatient parenteral antimicrobial therapy (OPAT) programs are a good assistance option in a wide variety of infectious diseases. Our aim was to design and implement an OPAT program in the area of influence of a second-level hospital, with no Home Hospitalization Service available, being necessary close collaboration between hospitalization and Primary Care teams, describe our cohort, analyse the antimicrobial treatment indicated and evaluate the prognostic and risk factors associated with readmission and mortality.

METHODS: Prospective study cohorts of patients admitted to the OPAT programme, from 1 January 2012 to 31 May 2015.

RESULTS: During the period of study a total of 98 episodes were recorded. The average age of the cohort was 66 years. The most frequent comorbidity was immunosuppression (33.67 %), with an overall average of Charlson index of 5.21 ± 3.09 . The most common source of infection was respiratory (33.67 %). Microbiological isolation was achieved in fifty-eight patients (59.18 %) being *Escherichia coli* the most frequently isolated (25%). The average number of days of antibiotics administration at home was 10.42 ± 6.02 (SD), being carbapenems (43.48%) the more administered. Eighty-six patients (87.75%) completed the treatment successfully. Thirty-two patients (32.65%) were readmitted within 30 days after being discharged and seven patients (7.14%) died. A statistically significant association was only found in the readmission with variables: elderly patients ($p=0.03$), being carriers of Porth-a-Cath ($p=0.04$) and treatment termination related with infection ($p<0.05$).

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CONCLUSIONS: This is the first programme of OPAT administration not dependent on

Home Hospitalization Service in Spain, which could allow to optimize the hospital and primary care resources available. Nevertheless this pilot study results are poor in terms of optimization of antibiotics choice, transition to oral administration, de-escalation and duration.

Full Text

Reference:

Ruiz-Campuzano, M., García-Vázquez, E., Hernández-Roca, J.J., Gómez-Gómez, J., Canteras-Jordana, M., Mené-Fenor, E., Hernández-Torres, A. and Peláez-Ballesta, A. (2016) Design and implementation of an outpatient parenteral antimicrobial therapy program in primary care: the experience at a second level hospital. *Revista Española de Quimioterapia*. November 28th. . .

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