



“Although outpatient parenteral antimicrobial therapy (OPAT) is practiced internationally, there is a paucity of data regarding outcomes of paediatric OPAT. A retrospective analysis, of 3 years experience (January 2010 to 2013) was performed at a tertiary paediatric Respiratory unit.” Glacklin et al (2014).

Reference:

Glackin, L., Flanagan, F., Healy, F. and Slattery, D.M. (2014) Outpatient parenteral antimicrobial therapy: a report of three years experience. Irish Medical Journal. 107(4), p.110-2.

Retrospective analysis of a paediatric outpatient parenteral antimicrobial therapy (OPAT) service [@ivteam #ivteam](http://ctt.ec/b3_2o+)

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Abstract:

Although outpatient parenteral antimicrobial therapy (OPAT) is practiced internationally, there is a paucity of data regarding outcomes of paediatric OPAT. A retrospective analysis, of 3 years experience (January 2010 to 2013) was performed at a tertiary paediatric Respiratory unit. There were 362 OPAT courses administered to 32 children, of which 30 had cystic fibrosis and the remaining two had recurrent pneumonia. A total of 3,688 days of antibiotics were administered. The median age was 8.8 years (range 2.75 – 17.8 years). Sixteen (50%)

were male. Each child received an average of 11 courses and median duration of OPAT was 10 days (range 2-21 days). Tobramycin was the commonest antimicrobial prescribed, with ceftazidime second. During this period, there was one readmission (0.3%) post discharge and 3 (2%) portocath infections. All patients attended for weekly review and laboratory monitoring. OPAT appears safe, effective and reduces the need for inpatient beds.

Other intravenous and vascular access resources that may be of interest (External links - IVTEAM has no responsibility for content).

Guide for intravenous chemotherapy and associated vascular access devices from Macmillan. CancerUK IV chemotherapy information.



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