"We introduced domiciliary intravenous (IV) antibiotic therapy in patients with bronchiectasis to promote patient-centred domiciliary treatment instead of hospital inpatient treatment." Bedi et al (2014).

Reference:

Bedi, P., Sidhu, M.K., Donaldson, L.S., Chalmers, J.D., Smith, M.P., Turnbull, K., Pentland, J.L., Scott, J. and Hill, A.T. (2014) A prospective cohort study of the use of domiciliary intravenous antibiotics in bronchiectasis. NPJ Primary Care Respiratory Medicine. 24:14090.

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Abstract:

BACKGROUND: We introduced domiciliary intravenous (IV) antibiotic therapy in patients with bronchiectasis to promote patient-centred domiciliary treatment instead of hospital inpatient treatment.

AIM: To assess the efficacy and safety of domiciliary IV antibiotic therapy in patients with non-cystic fibrosis bronchiectasis.

METHODS: In this prospective study conducted over 5 years, we assessed patients' eligibility

for receiving domiciliary treatment. All patients received 14 days of IV antibiotic therapy and were monitored at baseline/day 7/day 14. We assessed the treatment outcome, morbidity, mortality and 30-day readmission rates.

RESULTS: A total of 116 patients received 196 courses of IV antibiotics. Eighty courses were delivered as inpatient treatment, 32 as early supported discharge (ESD) and 84 as domiciliary therapy. There was significant clinical and quality of life improvement in all groups, with resolution of infection in 76% in the inpatient group, 80% in the ESD group and 80% in the domiciliary group. Morbidity was recorded in 13.8% in the inpatient group, 9.4% in the ESD group and 14.2% in the domiciliary IV group. No mortality was recorded in either group. Thirty-day readmission rates were 13.8% in the inpatient group, 12.5% in the ESD group and 14.2% in the domiciliary group. Total bed days saved was 1443.

CONCLUSION: Domiciliary IV antibiotic therapy in bronchiectasis is clinically effective and was safe in our cohort of patients.

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