“This article examines how acute and community services can work together to ensure appropriate selection, treatment and follow-up of patients.” Nazarko (2014).

Reference:


Avoiding admission and facilitating early discharge through OPAT http://ctt.ec/9Rd_3+ @ivteam #ivteam

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Abstract:

Fifteen years ago, only a small minority of hospital inpatients were considered suitable for outpatient parenteral antimicrobial therapy (OPAT) services (Wiselka and Nicholson, 1997). Now, almost 70% of those treated with intravenous (IV) antibiotics as hospital inpatients are considered suitable (Hitchcock et al, 2009). Around 38-53% of those requiring OPAT are able to self-administer (Hills et al, 2012). The demand for IV antimicrobial therapy is increasing and the way it is being delivered is changing. The delivery of IV anti-microbial therapy in the community has the potential to make a huge difference to the way health care is delivered. It can enable people who would once have been admitted to hospital to be treated in the community. It can facilitate early hospital discharge (Nazarko, 2013a). Potentially, there are
huge benefits in developing OPAT but there are also risks. People may be subjected to an invasive treatment when it is not necessary; therapy may be continued when it is no longer necessary (Nazarko, 2013b; Conant et al, 2014); and patients may be selected for OPAT who would be best treated in hospital. The key to providing safe and effective care is to work together to maximise benefits and minimise risk (Duncan et al, 2013). This article examines how acute and community services can work together to ensure appropriate selection, treatment and follow-up of patients.

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