



This retrospective review from January 2014 through July 2016 aimed to develop a risk stratification approach to aid rural healthcare providers in determining who among patients with addictive disorders could safely be discharged for outpatient antimicrobial therapy with a peripherally inserted central catheter (PICC) Camsari and Libertin (2017).

Abstract:

Background: An active intravenous substance use disorder is often the primary cause of infectious diseases in this population of users and creates a barrier to successful parenteral antimicrobial management. The dilemma is compounded by dramatically limited resources in small US towns.

Methods: This retrospective review from January 2014 through July 2016 aimed to develop a risk stratification approach to aid rural healthcare providers in determining who among patients with addictive disorders could safely be discharged for outpatient antimicrobial therapy with a peripherally inserted central catheter (PICC).

Results: The high-risk group had a greater likelihood of noncompliance with antimicrobial therapy completion, as well as subsequent illicit drug use during that time frame, compared with the moderate- and low-risk groups. The low-risk group and most of the moderate-risk

group could be safely discharged into the community with PICC lines.

Conclusions: Key in the risk stratification proposal was identifying risk behaviors and determining their degree. Such information provides pivotal delineators in developing risk stratification criteria.

Full Text

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substance users <https://ctt.ec/33St0+> @ivteam #ivteam

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Reference:

Camsari, U.M. and Libertin, C.R. (2017) Small-Town America's Despair: Infected Substance
Users Needing Outpatient Parenteral Therapy and Risk Stratification. *Cureus*. 9(8), p.e1579.

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