

Factors that are most frequently associated with OPAT failure include advanced age, recent hospitalization and isolation of multiresistant microorganisms” Candell et al (2016).

Abstract:

Outpatient parenteral antimicrobial therapy (OPAT) programs are a current and widely spread trend in clinical practice because of it’s a cost-effective option, it’s associated with a greater comfort for the patient, a lower risk of nosocomial complications and an important cost saving for the health care system.

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OPAT is used for treating a wide range of infections, including skin and soft tissue infections, osteoarticular infections, bacteraemia, endocarditis and complex intra-abdominal and urinary tract infections, even in presence of multiresistant microorganisms. Correct choice of antimicrobial agent and adequate patient selection are crucial for reaching therapeutic success and avoiding readmissions, treatment prolongation or treatment-related toxicity. The optimal antimicrobial for OPAT must be highly effective, have a long half-life and an adequate spectrum of action. Ceftriaxone and teicoplanin are currently the most prescribed antibiotics for OPAT, though daptomycin and ertapenem are also on the rise, due to their high efficiency, safety and wide spectrum of action. Antibiotics that are stable at room temperature can be administered through a continuous perfusion, though self-administration is preferable although it requires training of the patient or the caregiver. Factors that are most frequently associated with OPAT failure include advanced age, recent hospitalization and isolation of multiresistant microorganisms.

Reference:

Candel, F.J., Julián-Jiménez, A. and González-Del Castillo, J. (2016) Current status in outpatient parenteral antimicrobial therapy: a practical view. Revista Española de Quimioterapia. March 25th. .



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