

“The aim of this study was to evaluate outcomes of our S-OPAT programme” Subedi et al (2014).

Reference:

Subedi, S., Looke, D.F., McDougall, D.A., Sehu, M.M. and Playford, E.G. (2014) Supervised self-administration of outpatient parenteral antibiotic therapy: a report from a large tertiary hospital in Australia. *International Journal of Infectious Diseases*. 30C, p.161-165.

Self-administration of outpatient parenteral antibiotic therapy [@ivteam](http://ctt.ec/6jqQ2+) #ivteam

Click To Tweet

Abstract:

INTRODUCTION: Outpatient parenteral antibiotic therapy (OPAT) has become established as a standard of care in most Australian hospitals to treat a variety of infections. Since 1998, the Alternate Site Infusion Service (ASIS) has provided an OPAT service to five hospitals in southern Brisbane, Queensland, using predominantly a patient or carer administration model (self-administered, S-OPAT). The aim of this study was to evaluate outcomes of our S-OPAT programme.

METHODS: Consecutive patients treated by ASIS at the Princess Alexandra Hospital from January 1, 2011 to December 31, 2011 were reviewed. Data on patient demographics, diagnoses, microbiology, antimicrobial therapy, duration, outcome, and complications were sourced from a prospectively collected database and from patient medical records.

RESULTS: There were 150 episodes involving 144 patients resulting in 3520 days of OPAT; the median duration on the programme was 22 days (range 4-106 days). Patient or carer administration occurred in the majority of episodes. The most common indication by far was bone or joint infection (47% of patients), followed by infective endocarditis (9%).

Staphylococcus aureus was the most frequently treated organism. The overall cure rate was 93%. On multivariate analysis, patients with two or more comorbidities had an increased risk of failure. Line-related complications occurred in 1.4/1000 catheter-days. Rash was the most common drug-related event. Despite the extensive use of broad-spectrum antibiotics there were no cases of *Clostridium difficile* infection during therapy and for up to 28 days post cessation of intravenous antibiotics. The cost of OPAT per patient excluding drug administration and home visits was approximately A\$ 150.00/day, significantly lower than

the cost of an inpatient bed, which is estimated to be A\$ 500-800/day.⁵

CONCLUSION: OPAT using a patient or carer administration model is an effective and safe option for the management of selected patients with infection requiring intravenous antibiotics.

Full Text

Thank you to our partners for supporting IVTEAM