OPAT DISCHARGE FORMAT

OUTPATIENT MODEL

Society of Antimicrobial Stewardship Practices in India

RATIONALE (EDUCATE)

- OPAT is administration of Intravenous (IV) /Intramuscular antimicrobial therapy (IM) on at least separate days without hospital admission for an Infectious Disease (ID).
- It has become standard of care for management of Infectious disease like Enteric Fever, Complicated UTIs, Infective Endocarditis, Bone and Joints Infections, skin and soft tissue infections.
- It reduces hospital stay, Hospital acquired Infections (HAI) and is cost-effective.
- Shared decision making by patient/caregiver and treating doctor for discharging patient in OPAT.

OPAT (Outpatient Parenteral Antimicrobial Therapy) CHECKLIST

(All criteria should be satisfied before initiating OPAT)

1. O – OPAT SELECTION

- ☐ Patient does not require further inpatient hospitalization/intervention
- ☐ Patient is clinically stable/improving for discharge
- ☐ Appropriate vascular access available/planned
- ☐ Safe home/outpatient administration feasible

2. U – URGENT RED FLAGS IDENTIFICATION

- ☐ Patient/caregiver educated regarding warning signs requiring urgent review:
  - Fever with chills/rigor
  - Breathlessness
  - Altered sensorium/hemodynamic instability
  - Rash/drug allergy
  - Worsening pain or swelling of local site
  - Catheter site redness/discharge
- ☐ Emergency escalation pathway provided

3. T – TOOLS & EQUIPMENT

- ☐ Infusion device/equipment available
- ☐ IV access care supplies available
- ☐ Drug storage facility feasible (refrigeration if needed)
- ☐ Sterile technique explained and demonstrated
- ☐ Caregiver/patient able to handle IV/IM administration safely

4. P – PK/PD STEWARDSHIP

(Pharmacokinetic/Pharmacodynamic Stewardship)

- ☐ Antibiotic choice appropriate for organism/infection source
- ☐ Dose optimized according to kidney/Liver/Hematological function
- ☐ Frequency and infusion duration appropriate
- ☐ Duration of therapy cross-checked and documented
- ☐ Drug interactions/adverse effect risks reviewed
- ☐ When to STOP OPAT explained

5. A – ATTENDANT (CAREGIVER) TRAINING

- ☐ Patient/caregiver trained regarding:
  - Aseptic precautions
  - Drug storage and administration
  - Catheter/IV line care
  - Flushing techniques
  - Disposal of biomedical waste
  - Recognition of complications/ Red flag signs
- ☐ In hospital one time IV/IM Demonstration performed successfully
- ☐ Caregiver willing and capable to continue treatment

6. T – TELE-MONITORING

- ☐ Follow-up through phone call/teleconsultation feasible
- ☐ Patient/caregiver reachable by phone/Video call
- ☐ Daily Follow-up schedule communicated
- ☐ Laboratory monitoring plan explained
- ☐ OPD review date provided

7. I – INFECTION PREVENTION & CONTROL PRACTICES

- ☐ Hand hygiene and standard precautions explained
- ☐ Transmission based (Contact, droplets, airborne) precautions explained as required.
- ☐ Prevention and treatment of catheter-related infection explained.
- ☐ Prevention and treatment of thrombophlebitis explained

8. E – EMERGENCY BACKUP PLAN

- ☐ Backup plan available if:
  - Infection worsens
  - Drug reaction occurs
  - Catheter complication develops
- ☐ Contact with the treating doctor who advised OPAT is available

9. N – NORMS & ETHICS

- ☐ Shared decision-making completed
- ☐ Financial/logistic feasibility discussed
- ☐ Patient/caregiver understands risks & benefits (benefits more than risks)
- ☐ Informed consent/signature obtained from treating doctor and patient caregiver

10. T – TREATMENT SUSTAINABILITY

- ☐ Patient likely to complete full antimicrobial course
- ☐ Cost in OPAT cheaper than in hospital explained
- ☐ Transport/follow-up feasible
- ☐ Patient comfort and satisfaction with Hospital-in-Home (HIH) care ensured
- ☐ Reduced duration of hospital stay achieved through safe outpatient therapy ensured

WHEN TO STOP OPAT

- Any adverse reaction or drug reaction
- Catheter related thrombosis and infections like local site pain and swelling, fever with chills and rigor
- Worsening Infectious disease (ID) or clinical Deterioration
- After completion of the duration of therapy
- Non-adherence or inability to continue treatment safely
- Desired commitment is not possible by the patient or caregiver

Signature of Patient/Caregiver with contact number: _____

Signature of Treating Doctor with contact number: _____