



# The BSAC OPAT Good Practice Recommendations: a first look

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# OPAT Good Practice Recommendations (GPRs)

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## Good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults in the UK: a consensus statement

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These good practice recommendations are based on a previous consensus statement published in 2012 and 2015, which were underpinned by evidence from clinical studies, expert opinion and delivery of OPAT services, and quality assurance, with the aim of providing a practical set of quality indicators for service evaluation and quality improvement.

**Keywords:** home infusion therapy, guidance, quality indicators

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## Good practice recommendations for paediatric outpatient parenteral antibiotic therapy (p-OPAT) in the UK: a consensus statement

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There is compelling evidence to support the rationale for managing children on intravenous antimicrobial therapy at home whenever possible, including parent and patient satisfaction, psychological well-being, return to school/employment, reductions in healthcare-associated infection and cost savings. As a joint collaboration between the BSAC and the British Paediatric Allergy, Immunity and Infection Group, we have developed good practice recommendations to highlight good clinical practice and governance within paediatric outpatient parenteral antibiotic therapy (p-OPAT) services across the UK. These guidelines provide a practical approach for safely delivering a p-OPAT service in both secondary care and tertiary care settings, in terms of the roles and responsibilities of members of the p-OPAT team, the structure required to deliver the service, identifying patients and pathologies that are suitable for p-OPAT, ensuring appropriate vascular access, antimicrobial choice and delivery and the clinical governance aspects of delivering a p-OPAT service. The process of writing a business case to support the introduction of a p-OPAT service is also addressed.

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## Updated good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults and children in the UK

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UK good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) were published in 2012 and 2015 for adult and paediatric patients, respectively. Here we update the initial good practice recommendations in a combined document based on a further review of the OPAT literature and an extensive consultation process. As with the previous good practice recommendations, these updated recommendations are intended to provide pragmatic guidance for new and established OPAT services across a range of settings and to act as a set of quality indicators for service evaluation and quality improvement.

<https://www.e-opat.com/>

# OPAT Good Practice Recommendations (GPRs)

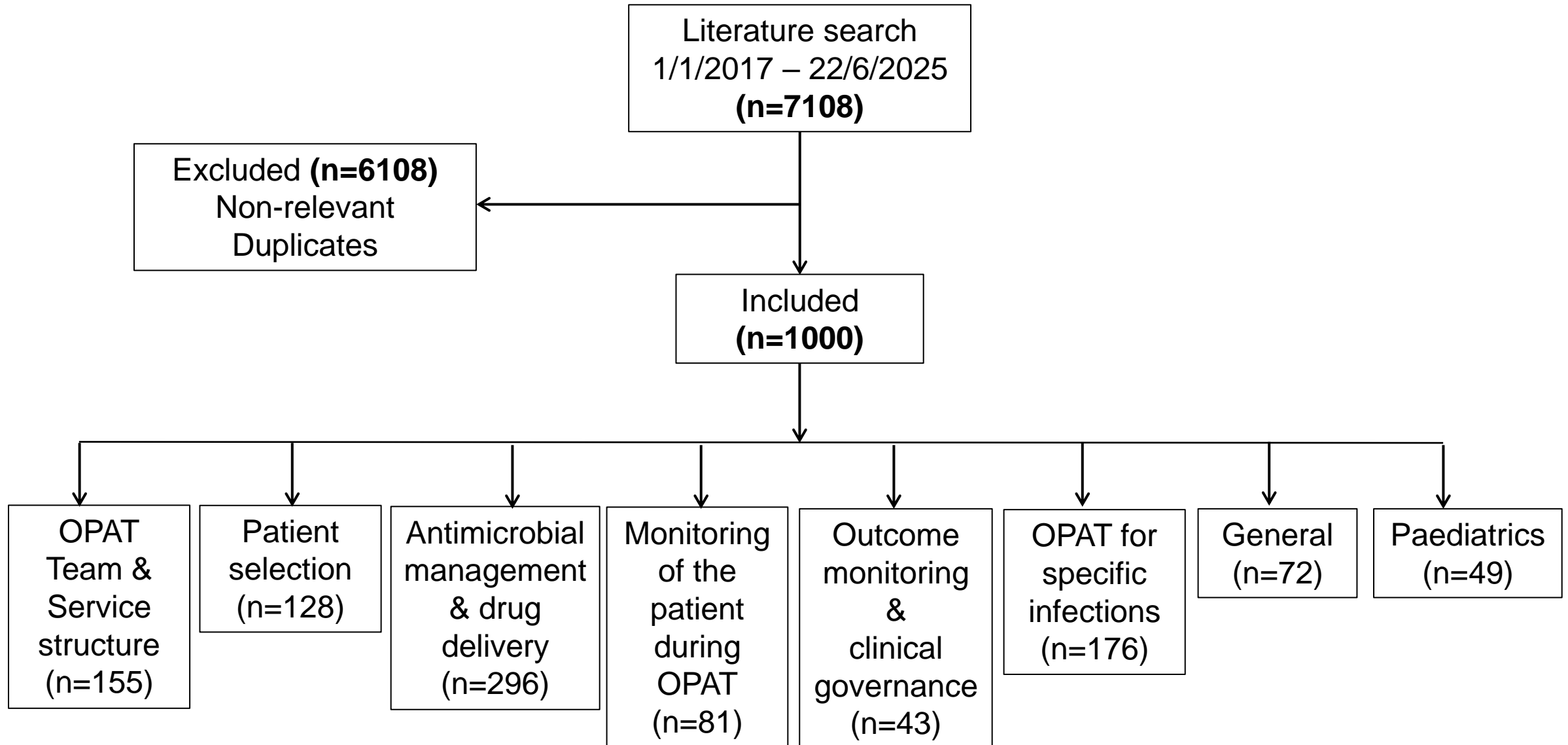
## AIMS

- To support high quality, low risk OPAT
- A practical set of quality indicators for existing services
- A resource for teams developing new services
- User-friendly and relevant
- Applicable in any health setting

## PROCESS

- Multidisciplinary working group
- Systematic literature search
- Development of draft recommendations
- Formal consultation process
- Publication of Good Practice Recommendations

# Literature search output (to date)



# 1. OPAT team and service structure

- Key themes
  - Formal service structure and team-based approach
  - Safety of / patient preference for self-administration
  - Expanded role of OPAT: covid monoclonals  
HIV injectables  
allergy 'de-labelling'
  - Telemedicine
- 10 previous recommendations – no/minor change
- 1 new recommendation:
  - 1.8 Self-administered / parent/carer-administered OPAT should be considered for appropriately identified patients at home, following adequate patient or carer education and with clearly defined roles

## 2. Patient selection

- Key themes
  - OPAT for cellulitis: OPAT should be 'standard of care' in children with cellulitis
  - Risk stratification: clinical, compliance, home hazards, social factors
  - Patient education
  - Specific groups: PWUD  
elderly  
neonates
  - Thromboprophylaxis: low risk, unclear how to stratify, case-by-case basis
- 5 previous recommendations – no/minor change
- 1 amended recommendation
- 2 new recommendations:

## 2. Patient selection: new / amended recs

2.4 OPAT may be considered for hard to reach groups, depending on individual risk assessment. Collaboration with other care providers ... is recommended to support treatment adherence and completion. Consideration should be given to the use of long-acting intravenous antimicrobial agents ...

2.7 OPAT patients and/or carers should be educated on their antibiotics, including dose, administration, side-effects and natural history of disease. They should also be given information on their vascular access device, including awareness of potential complications.

2.8 OPAT teams should consider the benefits and risks of thromboprophylaxis on an individual patient basis.

### 3. Antimicrobial management and drug delivery

- Key themes:
  - Drug stability
  - COpAT
  - Antifungals
  - OSCAT
  - Long-acting glycopeptides
- 14 previous recommendations – no/minor change
- 1 amended recommendation:

3.9 Teams referring patients for prolonged IV antibiotics should liaise with the vascular access and OPAT teams, ideally before IV access is obtained, regarding need for and type of IV access for the patient.

*(3.9 The OPAT team, in collaboration with referring team, is responsible for the choice of intravascular access for each patient.)*



## 4. Monitoring during OPAT

- Key themes:
  - Increasing complexity of patients
  - AEs due to drugs and lines equally common
  - Weekly blood tests for patients on IV antibiotics
- Evidence gaps:
  - Monitoring patients on COpAT / long-acting agents / OSCAT
  - Complications of elastomerics
  - IT tools for remote monitoring / flagging AEs
- 6 previous recommendations – no/minor change
- 1 new recommendation:

4.5 OPAT teams should develop protocols for monitoring patients on complex oral, subcutaneous and long-acting intravenous antimicrobial therapy, including frequency and type of blood test monitoring.

## 5. Outcome monitoring and clinical governance

- Key themes
  - Patient education: new quality indicators, qualitative studies
  - Equity of access: patients from deprived areas and women less likely to be referred for OPAT
- 6 previous recommendations – no/minor change
- 1 new recommendation:

5.7 Services should look to identify, and address, reasons underpinning inequity in access to their service.

Topic	Recommendations	Changes from previous GPRs
1. Service structure	11	10 unchanged 1 new
2. Patient selection	8	5 unchanged 1 amended 2 new
3. Drugs and devices	15	14 unchanged 1 amended
4. Monitoring during therapy	7	6 unchanged 1 new
5. Outcome monitoring and clinical governance	7	6 unchanged 1 new

## Self assessment:

- 10 OPAT services
- Recommendations generally relevant
- Compliance 48-100%
- Median 90%

[illegible]

# Wider consultation....

**WE NEED YOU!**





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