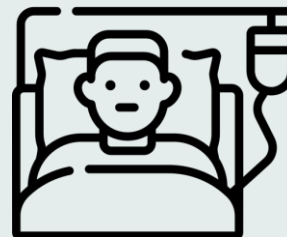


Mission Possible:



King's College Hospital
NHS Foundation Trust

Reframing Barriers to OPAT Self-Administration in Vulnerable Patients



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Case Scenario

- 52 y.o female
- Diabetic Foot Infection - Infected metalwork
Right foot
- **Micro:**
 - *Pseudomonas aeruginosa* - Piptaz resistant
 - *Staph epi* – Cipro resistant
- For ceftazidime 2g TDS for 6 weeks total
(35 days left)
- Keen to go home
- Keen to try self administration

**Do you think
this patient is
fit for
self-
administration?**



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Challenges

- No once-a-day antimicrobial option
- No nursing capacity for TDS visits
- Wheelchair bound
- Reports she has learning difficulties
- Daughters who can provide support are currently in Uni
- Listed as vulnerable adult in LCR
- Known with anxiety and personality disorder



Consideration for Self Administration

- Family support ?
- Manual dexterity ✓
- Cognitive function ?
- Visual acuity ✓
- Adherence to treatment ✓

**How about now? Is patient
is fit for self-administration?**



Teaching Process

- Patient self-administration assessment
 - Understanding of the plans
 - Reasons for having the antibiotics
 - dose and timing of administration
 - Safety discussion
- Explaining complications of OPAT and obtain consent
- Initial training done by OPAT CNS
- Ward nurses involvement
- Competency sign-off



Patient self-administration assessment form

Patient name: _____ | Date of Birth: _____
 Hospital number: _____ | Date of Assessment: _____

1. Who is the person responsible for administering the IV therapy?	
Name:	Relationship:
2. Does the patient/carer understand & agree to reconstitute and/or administer the IV therapy?	Yes / No
3. Can the patient/carer follow multi-step instructions?	Yes / No
4. Does the patient/carer have the manual dexterity and vision to manage IV equipment?	Yes / No
5. Is the patient/carer mentally and psychologically stable to engage in care and follow through?	Yes / No
6. Does the patient/carer understand the following:	
(a) The reason for taking the medication and this has been explained?	Yes / No
(b) The importance of the correct dose and times of administration	Yes / No
(c) Recognition and possibility of side effects which they will need to report?	Yes / No
(d) Discuss around safety issues, signs of infection, sepsis, air embolism, anaphylaxis	Yes/No
(e) Does the patient/carer understand the importance of good IV line care?	Yes/No
7. Has the following been shown and demonstrated to patient/carer:	
(a) Correct hand hygiene technique & ANTT (Aseptic Non Touch Technique)	Yes/No
(b) Use of equipment	Yes/No
(c) Preparing the IV medication	Yes/No
(d) Storage of the medication safely	Yes/No
(e) Administering the IV medication/therapy	Yes/No
(f) Safe disposal of sharps and other waste	Yes/No
8. Has the patient/carer been given an information booklet/sheet on home IV therapy to include step by step guide to self-administration and contact details of who to contact if issues arise?	Yes/No

N.B. If 2 or more "No" answers: Pause and consider alternative models. If uncertain, continue with cautious trial + close monitoring.

Skills Required	Date:		
	OPAT Nurse demonstration	1 st assess (✓ for pass x for fail)	2 nd assess (✓ for pass x for fail)
Hand Hygiene			
Awareness of dose, timing and frequency			
Preparation of area			
Access site checks (redness, length, leakage, swelling); to report if noticed			
Aseptic Non-Touch Technique			
Preparing medication			
Flushing technique			
IV access management ensuring no kinks, check for blocks; report if blocked/painful when flushing			
Administration of medication and flushes appropriately			
Disposal of sharps, equipment and waste.			
Awareness of storage conditions – out of reach of children etc.			
Understand when and how to seek help for complications			
Demonstrates confidence			
Able to retain training process			
Assessor signature			
Comments:			

NB: If patient cannot consistently meet these over multiple sessions (usually 2–4 supervised attempts), initiate Self Administration decision tool.



Training Process: Setting expectations

- **Patients ICE considered during training**

- ***Ideas*** – Thinks the abx is working well and knows she got infection and the need for it.
- ***Concerns*** – nervous in doing it wrong
- ***Expectations*** – wants to be thorough with the teaching. Keen to do it herself

Potential determinants that may impact patients decision to self administer:

- unaware of self administration option
- Perception that hospital staff are better trained
- anxieties about self-administration
- Confidence in their capabilities

As a student, how many times did you practice holding a syringe, aspirating from a vial, or mixing a medication and administering it to a patient before you can say that you can confidently and safely do it by yourself?



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Teaching Process – what went well and the challenges

What went well?

- Great attention to details
- She believed she could pass
- ward nurses involvement in teaching

Challenges

- ANTT
- Preparation, Administration and flushing
- Needle safety
- Had to change training method 3x
- has had confusion with dilution 10mls vs 20mls

Total 13 teachings



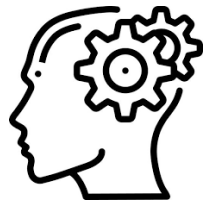
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When do we stop?

Things to consider before it's a NO:

- One size doesn't fit all
- Assessment should be holistic and not based on a generalised criteria





When do we stop?

Establish a framework!

- Repeated inability to demonstrate safe technique
- Lack of Understanding After Multiple Teaching Sessions
- Unsafe Judgment or Non-Adherence
- No Adequate Support or Home Environment

Self/Carer Administration Decision Tool

Assessor:

1. Has the patient/carers demonstrated all required skills safely?	Yes / No
2. Have teaching strategies been adapted (e.g., visual aids, extra time)?	Yes / No
3. Is further teaching likely to improve safety or skills?	Yes / No
4. Is the home/social context still appropriate for self/carers-administration?	Yes / No

N.B.

- If all "Yes" → Proceed with self/carers-administration plan + regular follow-up + self/carers administration monitoring
- Any "No" in safety-critical areas → Not safe for Self/Carers administration → check for alternatives

A must!

- Clinical Team Consensus
- Document & Offer Alternatives



Potential Challenges when already at home

- Non- adherence (Intentional or Unintentional)
- Concealing Problems Out of Pride or Fear
- Unsafe Improvisation
- Psychological or Cognitive Decline
- Social Pressure or Distractions at Home
- Supply or Logistics Breakdown





Mitigation plans

- Regular, non-judgmental check-ins (phone, virtual, or in-person)
- Home nursing or telehealth support early on, especially in the first 3–5 days
- Clear contact pathways for questions or supply issues
- Patient-centred education that normalises asking for help

OPAT Self/Carer-Administration Monitoring Checklist

Patient name:

Hospital Number:

DOB:

Assessment date:

Self- Administration Assessor:

Who is the person responsible for administering the IV therapy?

Name:

Relationship(s):

Medication Administration			Notes:
Can you confirm if all doses have been given as scheduled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you able to describe when and how you administer your antibiotic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Used supplies (e.g., vials, syringes) match expected usage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Logs (written or digital) are up-to-date and consistent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you had any skipped or missed doses (or clearly explained)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Technique and Safety			Notes:
Able to follow clean/aseptic technique - ask how do you clean you IV access?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Line flushed correctly after each use - ask how many times do you flush and how do you do it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Awareness knows what to do if complications occur	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Supplies and Logistics			Notes:
Adequate supply of antibiotics, flushes, other ancils	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any delivery problems or missing doses due to logistics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Storage conditions are appropriate (e.g., refrigeration)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cognitive & Behavioural Check			Notes:



What have we learned?

- Setting expectations
- Tailor teaching according to the patients way of learning
- Self-administration video
- Step-by-Step Instruction Builds Confidence
- Consistency is key
- Ward nursing team involvement
- Follow-Up Is a Safety Net
- Patients' belief in their capabilities

“Vulnerability should not mean exclusion; it should guide us to provide smarter and more flexible support.”



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Future Plans



Nurse filled devices to facilitate training and sign off for self administration (for abx that are given TDS)



Needle free vial adaptor
+ PFS water for injection
(for reconstitution)

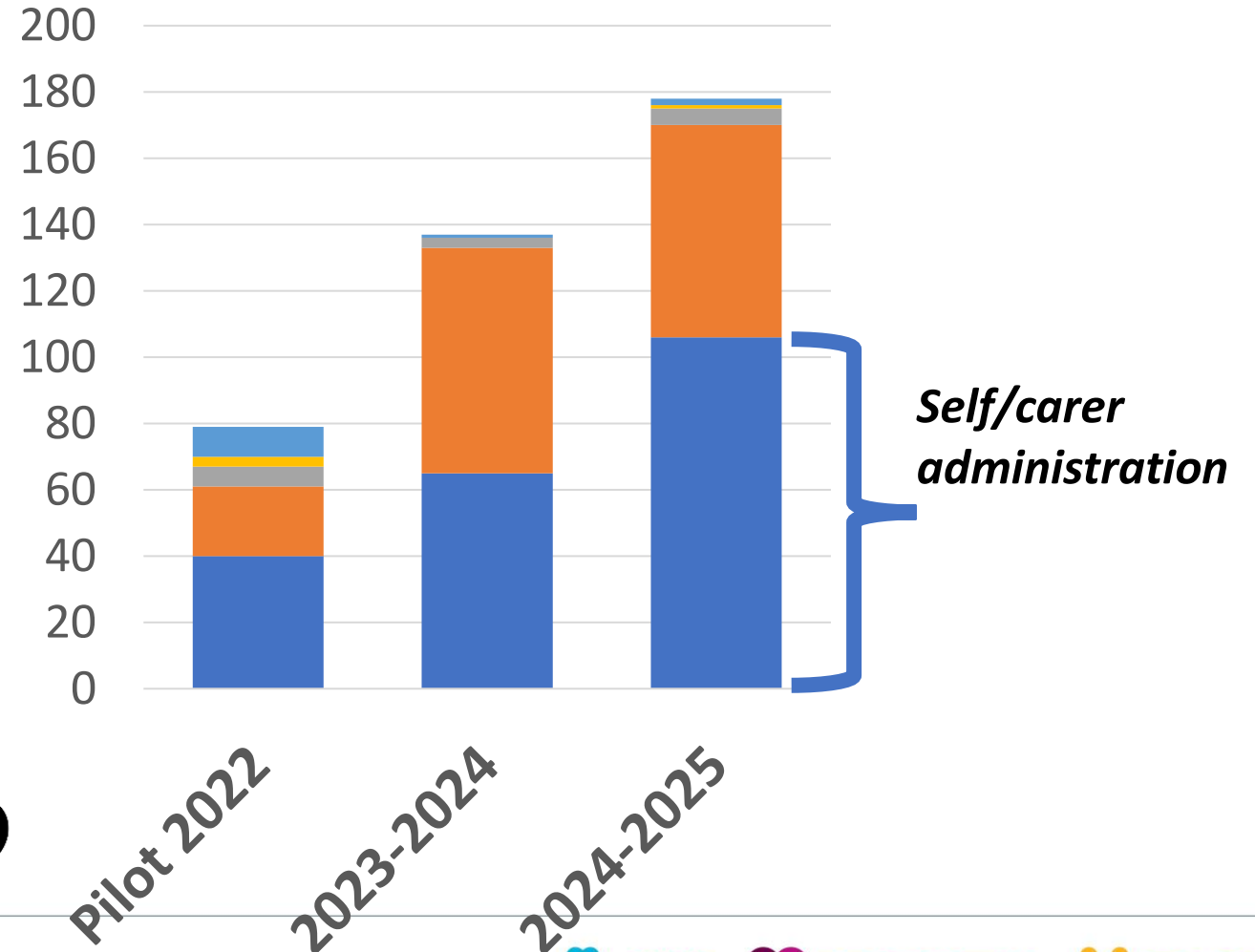


Enhancing Patient satisfaction and experience

“ The OPAT staff were very friendly and patient with me when I was learning how to administer the antibiotic treatment myself at home. *Ultimately, I felt trusted but knew that I could call them at any point to discuss any problems* I might have had. ”

“ I am getting in control of my own time because I am now doing the antibiotics by myself. *I have more time to spend on my family* ”

Mode of Administration



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THANK YOU

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