

Appendix 1: OPAT Referral template – to be emailed to OPAT/SPA for GP/External referrals

OPAT Email: OPATNurses@nhs.net SPA Email: spa.wirralct@nhs.net

Date:			
Referral Source:			
Referrer Name:			
Referrer Contact Number:			
Patient Name:			
D.O.B:		NHS Number	
Patient Address:			
Patient Contact No:		Next of Kin contact No:	
GP:			
Patient mobility		<i>Fully dependent</i>	
Patient lives with		<i>Patient lives alone</i>	
Is patient Housebound and will require Home visit?			
Self-Care		<i>Independently self-caring</i>	
Allergies/intolerances and details of reaction:			
Relevant Previous Medical History:			
Diagnosis for OPAT:		<i>e.g. cellulitis right lower leg</i>	
OPAT Treatment Plan Details	Name of Consultant Microbiologist		
IV antibiotic 1		IV antibiotic 2 (if required)	
Frequency	<i>Once/twice/three /four times daily</i>	Frequency	
Route (bolus/infusion)		Route (bolus/infusion)	
Dose		Dose	
Oral Antibiotics?			
IV Access	PICC	Midline	Other
Start date for first dose		Start time of day	am/pm/nights
How long IV antibiotics prescribed for?			
Stop/Review date			
Are drugs with patient?	YES / NO	Is patient on VTE prophylaxis?	YES / NO
Dr taking responsibility for clinical review: <i>e.g. GP</i>		Based at: <i>e.g. GP or OPD</i>	
Clinical review dates: <i>add if known</i>			
PMAC received:			