

## OPAT GP Referral Pathway (SPA)

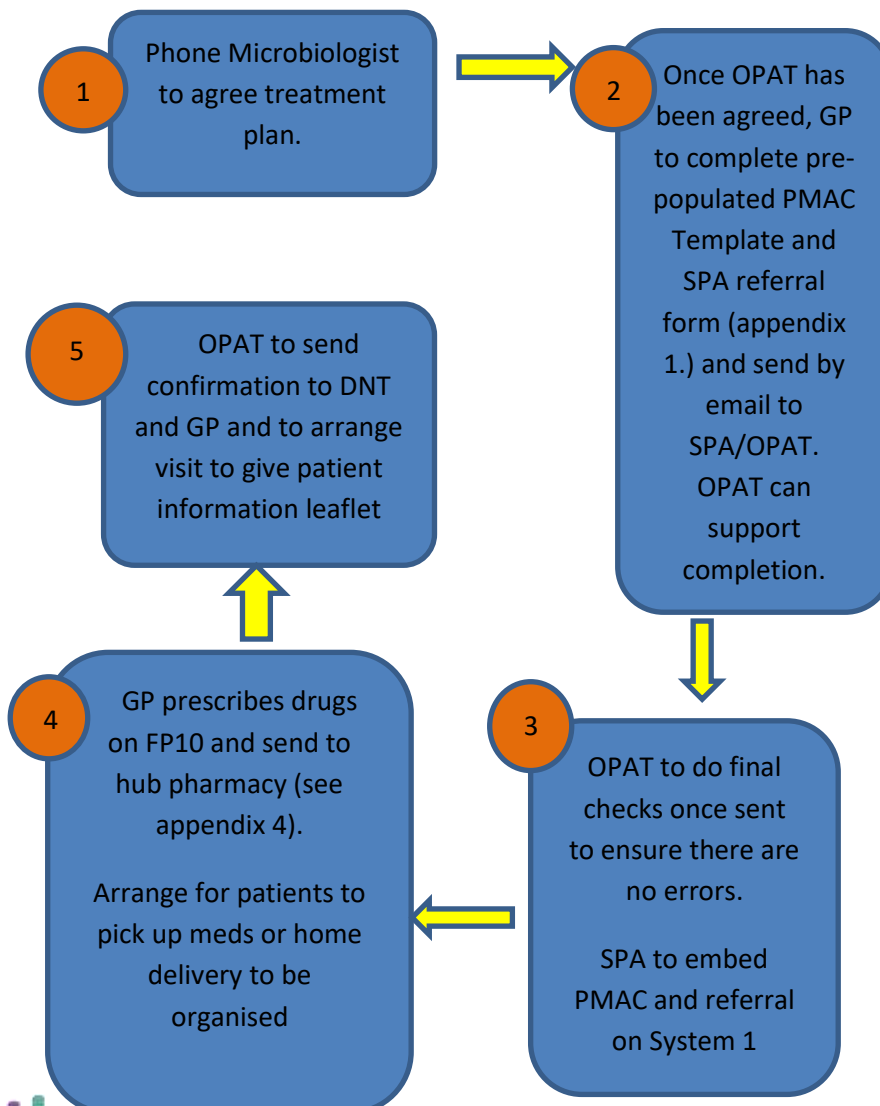
**Core Hours: Mon-Sun 9-5pm**

All WUTH OPAT referrals initiated during core hours will be co-ordinated via the Outpatient Parenteral Antimicrobial Therapy (OPAT) team.

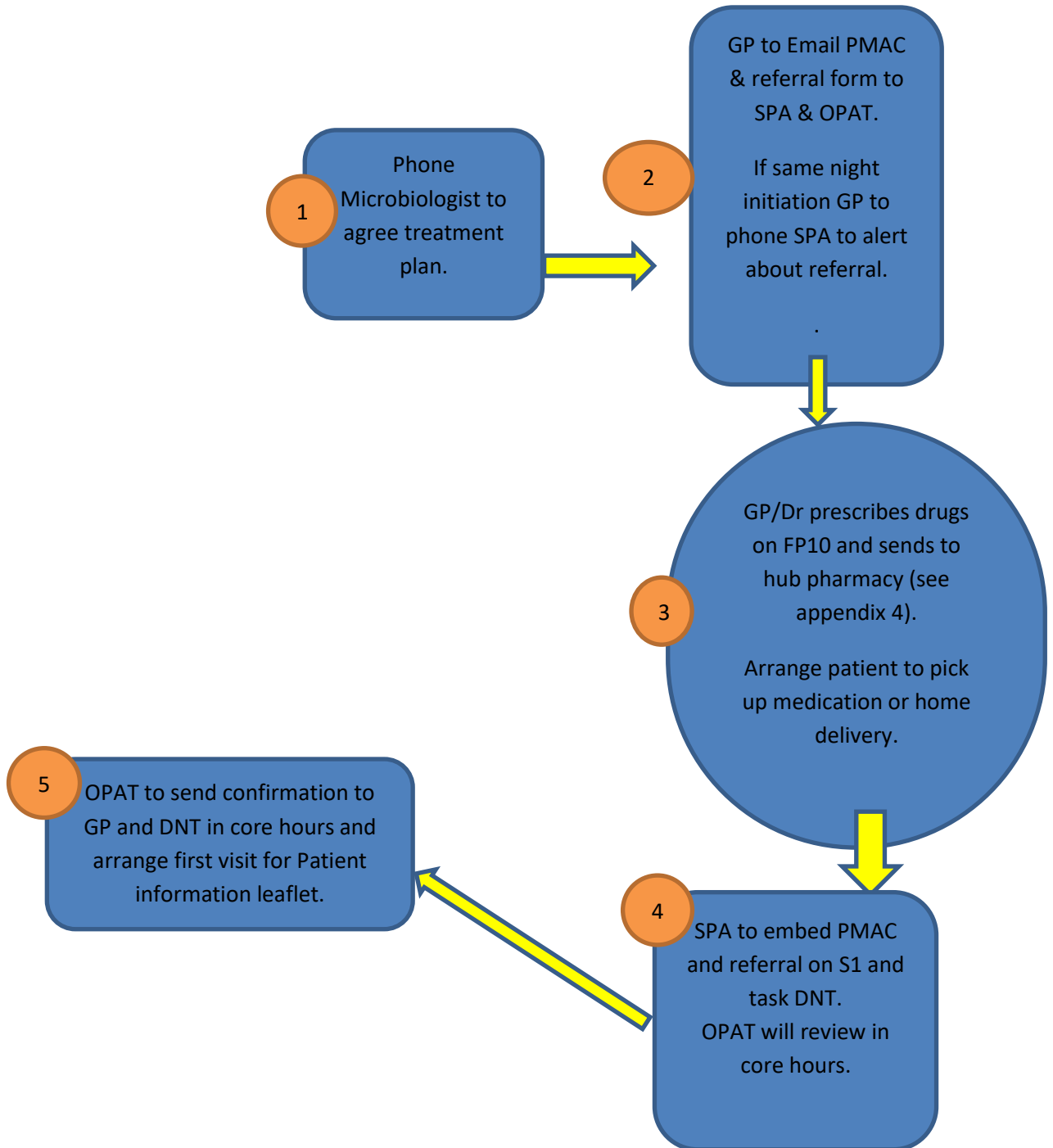
**Contact details:**

OPAT mobile : 07464493338, OPAT team email: [wuth.OPATNurses@nhs.net](mailto:wuth.OPATNurses@nhs.net),

SPA 0151 514 2222, choose Option 2. SPA email: [spa.wirralct@nhs.net](mailto:spa.wirralct@nhs.net)



**Out of Hours – Mon-Sun 4-8pm to start the following day or for same night initiation.**



**Please note the following:**

1. Referrers should be aware of the OPAT /Inclusion criteria – Appendix 2 and the agreed drug list. Appendix 3.
2. Referrers should be advised to prescribe the IV drugs and send the completed PMAC to SPA.
3. The SPA team should then complete the OPAT referral form as normal and email to OPAT along with the PMAC on completion.

**Appendix 1: OPAT Referral template – to be emailed to OPAT/SPA for GP referrals(  
[wuth.OPATNurses@nhs.net](mailto:wuth.OPATNurses@nhs.net) / [spa.wirralct@nhs.net](mailto: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 Surgery:			
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		Frequency	
Route (bolus/infusion)		Route (bolus/infusion)	
Dose		Dose	
Oral Antibiotics?			
IV Access		Other	
Start date for first dose		Start time of day	
How long IV antibiotics prescribed for?		am/pm/nights	
Stop/Review date			
Are drugs with patient?		YES / NO	
Is patient on VTE prophylaxis?		YES / NO	

<b>Dr taking responsibility for clinical review:</b> <i>e.g. GP</i>	Based at: <i>e.g. GP or OPD</i>
<b>Clinical review dates:</b> <i>add if known</i>	
<b>PMAC received:</b>	

## Appendix – 2 Acceptance criteria for referral into OPAT service

### Inclusion criteria (All must apply)

- Medically stable and fit for discharge (as assessed by medical team, registrar or above) or medically stable and fit to remain within community setting (as assessed by GP)
- Able to understand and consent to OPAT (*where patients lack mental capacity to consent treatment can be administered in patients best interests based on individual holistic assessment*)
- Safe and appropriate IV access
- Registered with a GP on the Wirral
- Age >18
- Definitive diagnosis known.

**Caution:** History of anaphylactic reaction from any cause unless agreed by OPAT team in collaboration with responsible clinician

### Exclusion criteria (Any one will exclude the patient)

- History of allergy to agent being administered or related agent
- Immunocompromised / neutropenic will need senior review before being accepted onto OPAT.
- Septic (ie 2 or more of the following; heart rate >90bpm, temp >38.3°C or <36 °C, respiratory rate >20 breaths per minute, WCC >12x10<sup>9</sup>/L or <4 x 10<sup>9</sup>/L or new altered mental state)
- Delirium or confusional state.
- Current Intravenous drug misuser

### Approved antibiotics for use and initiation in primary and secondary care (on OPAT advice)

Ceftriaxone, Ceftazidime, Ertapenem, Meropenem, Piperacillin/Tazobactam (Tazocin), Temocillin, Teicoplanin.

**The following may be used if initiated in secondary care ONLY on advice from OPAT.**

Daptomycin, Linezolid, Metronidazole, Tigecycline, Cefuroxime.

*Note: Antibiotics that cannot be administered as a bolus injection and require >30 minute infusion cannot be administered in the community.*

### Contact Information:

#### Consultant Microbiologist:

WUTH Ext. 1879, External Contact No: 01244 362500

**OPAT nurse contact information – For help with referral/IV access:**

Phone: 0151 678 5111 Ext. 8986

OPAT Mobile: 07464493338

OPAT team email: [wih-trOPATTeam@nhs.net](mailto:wih-trOPATTeam@nhs.net) / [wuth.OPATNurses@nhs.net](mailto:wuth.OPATNurses@nhs.net)
**Appendix 3 Approved antibiotics for Initiation of OPAT in Primary & Secondary Care**

Antibiotic	Route	Vial size available	Reconstitution	Speed of bolus	Infusion	
					Suitable fluid & volume	Speed of infusion
Cefuroxime*	Bolus	750mg & 1.5g	Water for injections: 750mg vial: 6ml 1.5g vial: 15ml	3-5 mins		
Ceftriaxone	Bolus up to 1g only <b>2g give by infusion</b>	1g	Water for injection 1g vial: 10ml	Doses of <b>1g ONLY</b> , over 5 mins	100ml Sodium chloride 0.9%	30 mins
Ceftazidime	Bolus 1g & 2g only. <b>3g give by infusion</b>	1g & 2g	Sodium chloride 10ml for 1g & 2g vial <i>Follow manufacturer's instructions. (gas released as product dissolves)</i>	3-4 mins	100ml Sodium chloride 0.9% <i>Follow manufacturer's instructions. 2 stage process.</i>	15-30 mins
Daptomycin* <b>Monitoring required</b>	Bolus preferred or infusion	350mg & 500mg	Sodium chloride 0.9%: 350mg vial: 7mL 500mg vial: 10mL <i>Follow manufacturer's instructions. (Need to stand for 10mins, DO NOT shake, etc.)</i>	Min. 2 mins	50ml sodium chloride 0.9%	30 mins
Ertapenem	Infusion ONLY	1g	Water for injection or sodium chloride 0.9% 10ml for 1g vial then dilute to final concentration not exceeding 20mg/ml		50ml Sodium chloride 0.9%	30 mins
Meropenem	Bolus preferred or infusion	1g	Water for injection 20ml per 1g Shake to dissolve	Over 5 mins	Sodium chloride 0.9% Final concentration of 1 to 20mg/ml	15-30 mins
Piperacillin/Tazobactam (Tazocin®)	Infusion ONLY	4.5g	Water for injection or sodium chloride 0.9% 20ml per 4.5g		100ml Sodium chloride 0.9%	30 mins
Temocillin	Bolus	1g	Water for injection 1g vial: 10ml	3-4 mins		
Teicoplanin <b>Monitoring required</b>	Bolus up to 800mg <b>&gt;800mg by infusion</b>	400mg	Use vial provided. Do not shake. Roll to dissolve. If goes foamy leave for 15mins for foam to subside.	3-5 mins PER SYRINGE	100ml Sodium chloride 0.9%	Up to 1.2g over 30 mins >1.2g agree with OPAT

Tigecycline*	<b>Infusion ONLY</b>	50mg	Add 5.3mL sodium chloride 0.9% or glucose 5% to each 50mg vial		100ml sodium chloride 0.9% or glucose 5%	30 mins
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For further information refer to Summary of Products Characteristics (SPC) at [www.medicines.org.uk](http://www.medicines.org.uk)  
**Daptomycin, Linezolid, Tigecycline and Metronidazole, Cefuroxime can be used in the community but ONLY if initiated in secondary care on advice from OPAT** \*>30 min infusions cannot be administered in the community

#### Appendix 4 Wirral Pharmacy Hubs

Asda Bromborough, Welton Road, CH62 3QP – Tel: 0151 346 2500.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Bank Hols
8am-11pm	7am-11pm	7am-11pm	7am-11pm	7am-11pm	7am-10pm	10am-4pm	10am-4pm

Asda Liscard Seaview Road, Wallasey, CH45 4NZ. Tel: 0151 691 2221.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Bank Hols
8am-10pm	8am-10pm	8am-10pm	8am-10pm	8am-10pm	8am-10pm	10am-4pm	10am-4pm

Lloyds, Arrowpark Hospital, Arrowpark Road, Upton, Wirral, CH495PE. Tel: 0151 647 6449

Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Bank Hols
8.30am-10pm	8.30am-10pm	8.30am-10pm	8.30am-10pm	8.30am-10pm	8.30am-10pm	9am-10pm	9am-10pm