

Patient identified on ward or via direct referral for admission avoidance to OPAT team



Patient reviewed by OPAT team for suitability on the ward or via telephone triage.



Suitable patients assessed for selfadministering device, or daily visits by district nursing team



Vascular access assessed .PICC/ mid line inserted, if not already in situ



Patients will either have first infuser connected before discharge (ESD) or Stat dose and then infuser connected by OPAT team (AA).



On final day device removal is discussed and managed by the OPAT team with the patient.

Patient remain in the OPA database for further outcome monitoring.



On final day device removal is discussed and managed by the OPAT team with the patient and district nursing.

Patient will remain in the OPAT database for further outcome monitoring.

Patient attends hospital weekly for PICC/Midline care and maintenance, blood test, full set of observations by OPAT.



administering patients:

Patient takes temperature
and records on sheet

Daily obs for self-



On discharge, patients are given a week's worth of devices and prefilled saline, plus all ancillaries, including fridge thermometer . A range of paperwork also given.

GP and clinician informed via letter

the Microbiologist covering the service for the week, to review relevant patients.

Weekly virtual round with



Daily: temperature / blood pressure / pulse

Weekly: blood test & PICC/Midline care.



District nursing team visits patient at home at same time each day to change device and take observations



- All patients
 Self-administeri
- Self-administering patients
 District nursing patients
- ESD Early supported discharge
- AA Admission avoidance