Background

• There is compelling evidence to support the rationale for managing children receiving intravenous antibiotics at home (1 - 4).

• Benefits include:
  - patient and parent satisfaction
  - psychological well-being
  - earlier return to school/employment
  - reduction of healthcare-associated infections
  - cost savings.

• A p-OPAT service was introduced at Southampton Children’s hospital in July 2012. On average 4 children a month are discharged under the p-OPAT service for long term IV antimicrobial therapy at home.

• Currently, data regarding the individual experiences of children and their carers regarding p-OPAT in comparison to inpatient treatment are lacking.

Methods

• During an 21-month period (July-2012 to March 2014 updated figures), 80 patients were treated by Southampton Children’s Hospital p-OPAT team.

• After completing treatment, 70 standardised feedback questionnaires were sent out, of which 54 (77%) were returned. The questionnaire is embedded into the patient management system (PMS) which can be found on the British Society Antimicrobial Chemotherapy e-OPAT website (5).

• 2 patients remain under the p-OPAT service and therefore have not yet completed a questionnaire.

• 8 patients were not given questionnaires; 2 patients had completed a questionnaire from a previous p-OPAT episode and for 6 patients it was not deemed appropriate due to non-infectious complications.

• Children and parents were asked to jointly complete the questionnaire.

Results

• All 54 (100%) families agreed or strongly agreed that p-OPAT was preferable to inpatient treatment and would accept this form of treatment again. Table 1 and 2 provide a summary of the responses.

Patient and Parent Feedback

“...my son said it was much better than being in hospital and believes this should be offered to all children because it makes life easier for everyone”

“This service is invaluable. It allowed my son to spend Christmas at home”.

Conclusions

• This audit clearly demonstrates that p-OPAT can offer a high quality service acceptable to patients and parents and is the preferable option compared with extended inpatient stays.

• Managing children on home intravenous antibiotics should be considered whenever possible within a structured governance framework.

• Good practice guidelines for p-OPAT have been developed by the British Society for Antimicrobial Chemotherapy (BSAC) / British Paediatric Allergy, Immunology and Infection Group (BPAIIG) and have been circulated for national consultation. The guideline is currently available on the BSAC e-OPAT website (6).

References


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