

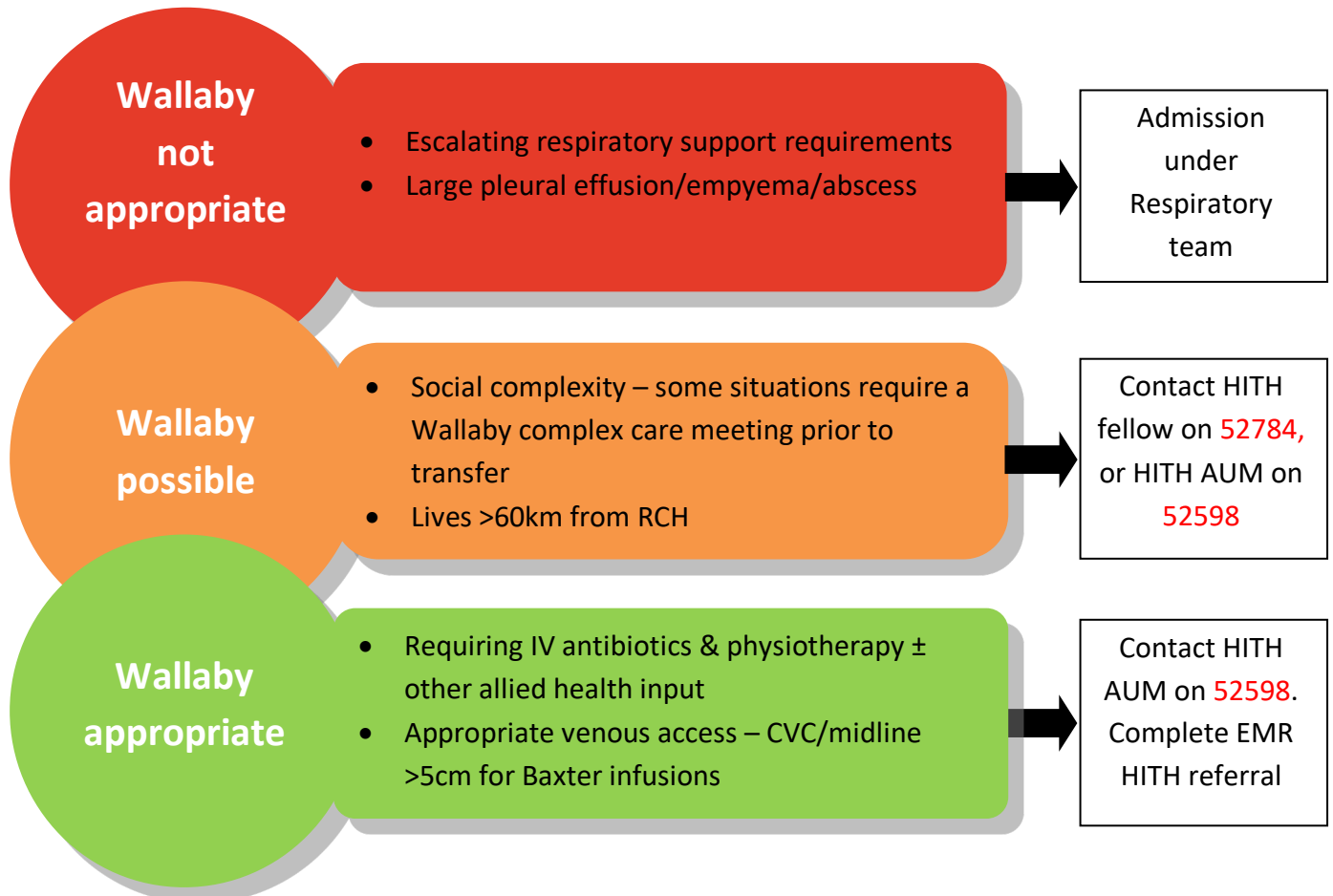


# Cystic fibrosis/bronchiectasis exacerbation 'tune up'



Clinically stable patients with chronic suppurative lung disease requiring IV antibiotics and physiotherapy for an infective exacerbation can be managed through Hospital-in-the-home (HITH). These can transition from an inpatient ward, initiate in the Day Medical Unit, for selected patients at home\*.

## HITH (Wallaby) admission criteria and protocol



### Prior to HITH admission:

- HITH CNC/AUM will review patient & family (by phone if pre-admit)
- CVC/PICC/midline as appropriate. PORT can be accessed at home by HITH if appropriate.
- HITH order set on EPIC completed:
  - Preselected: Adrenaline 1:1000 (1mg/ml) 10mcg/kg IM PRN  
Sodium chloride flush 0.5-2ml IV PRN  
Weak and strong heplocks IV PRN
  - Antibiotic(s) charted at appropriate dosing for condition & specific patient
    - If 24h infuser (Baxter) charted, **Baxters take time to prepare, please notify HITH pharmacist and discuss volume of saline base – larger children usually 240ml.**
  - EMR referral to HITH and 'Transfer order reconciliation' completed
- Order regular bloods as per 'Antibiotic monitoring' protocol, including drug levels as indicated
- First Baxter connected/first dose of all antibiotics given (unless home initiation pathway\*)



# HITH protocol – nursing and medical

## Home team medical responsibilities

Overall medical responsibility for patient

Prescription for stepdown oral medication

Clearly document, book and communicate plan (including end date of antibiotics) & follow-up

Update Wallaby team (on 54770) if any changes to plan

Order and review pathology results as required – see 'Monitoring whilst on prolonged antibiotics'

**CF fellow responsible for finalising Day 7 Review (CF patients) & liaising with family**

## HITH medical team responsibilities

Review proposed antibiotic appropriateness. Antibiotics >2 weeks to be discussed with HITH consultant (A/Prof Bryant or refer to ID for consult)

Bi-weekly case conference to review patient progress

Participation in weekly CF planning meetings

## Wallaby care requirements

Daily IV antibiotic administration

Daily nursing review & collect pathology as per orders

Weekly CVC cares as required and troubleshoot CVC issues with HITH medical team

Physiotherapy as required (telehealth or in person), including spirometry & Day 7 Review (CF patients)

## Potential issues

Venous access issues – discuss with HITH medical team

Clinical deterioration/lack of improvement – discuss with home team

Anaphylaxis – administer IM adrenaline and call ambulance (will need allergy referral)

## Readmission criteria

If clinical deterioration or requiring further intervention

Home team to liaise with bed manager to facilitate ward transfer if stable, or ED AO if unstable

## Discharge plan

Discharge once respiratory tune-up completed – home team to provide script for oral antibiotics if required

Wallaby ward will arrange line removal if required

## **\*Home initiation pathway criteria:**

1. Diagnosis of CF within HITH catchment area
2. Portacath in situ (& appropriately maintained as per protocol)
3. Patient has received the prescribed antibiotic IV for at least 48 hours previously without adverse event

Last update Aug 2022