

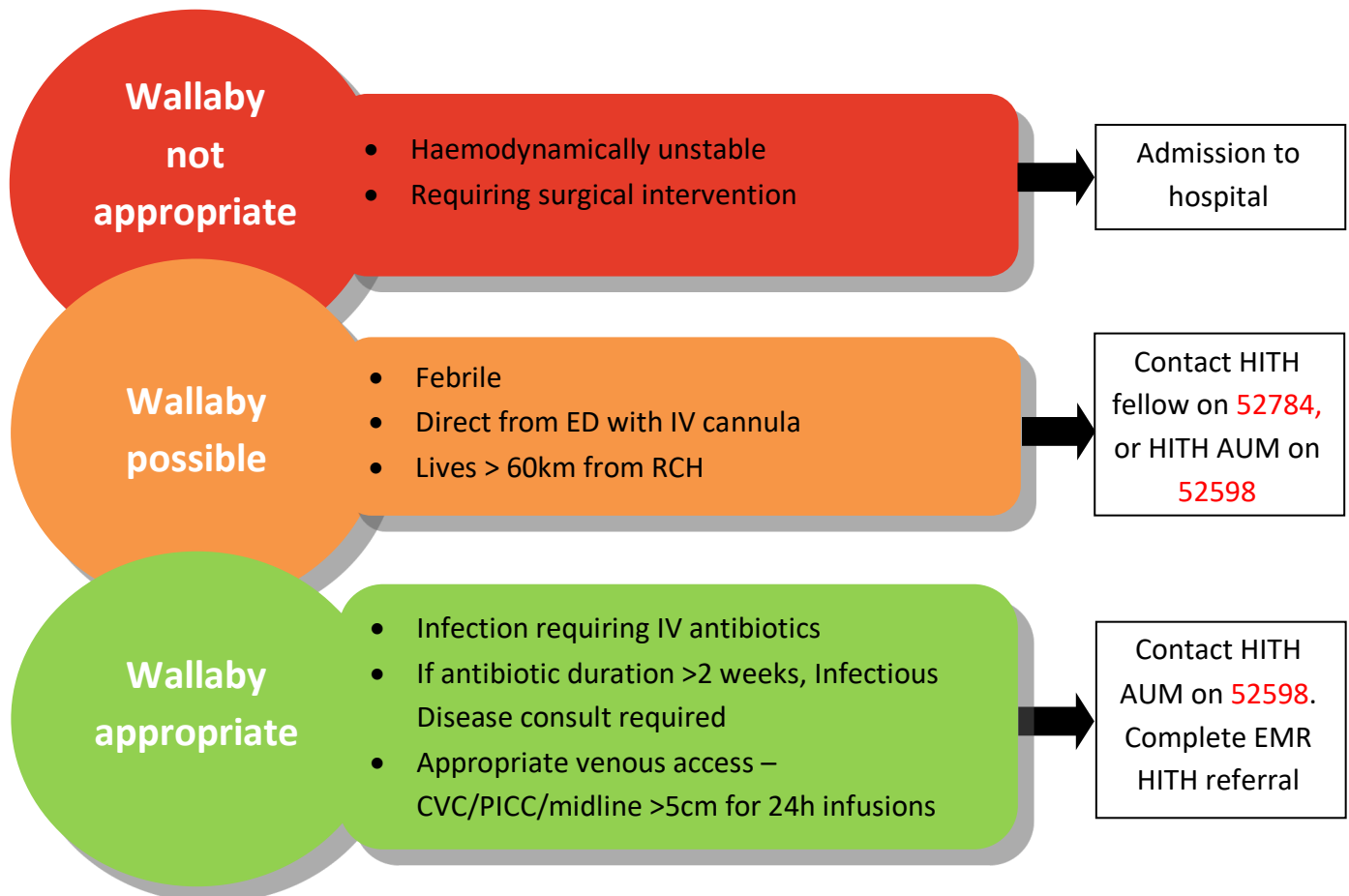


Intravenous antibiotics

Clinically stable children with bacterial infections can receive IV antibiotics through Hospital in the Home (HITH). This may include parotitis, mastoiditis, mediastinitis, endocarditis, infected metalware, amongst other infections. Referrals for >2 weeks IV antibiotics need discussion with HITH consultant (A/Prof Bryant or ID consult if unavailable).



HITH (Wallaby) admission criteria and protocol



Prior to family leaving hospital:

- HITH CNC/AUM will review patient & family
- 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 charted
 - If Baxter charted, notify HITH Pharmacist – **Baxters take time to prepare, please give as much notice as possible.** Discuss with pharmacist re volume of saline base – larger children generally 240ml.
 - Referral to HITH
 - EMR “Transfer Order Reconciliation” completed
- First Baxter connected on ward (if required)
- Order regular bloods as per ‘Monitoring whilst on intravenous antimicrobials’ protocol



HITH protocol – nursing and medical

Home team medical responsibilities

- Prescription for stepdown oral medication (if required)
- Clearly document, book and communicate plan (including end date of antibiotics) & follow-up
- Order and review pathology results as required – see “Monitoring whilst on prolonged antibiotics”
- Update Wallaby team (on 54770) re plan changes post outpatient reviews
- Overall medical responsibility for patient

HITH medical team responsibilities

- Review proposed antibiotic appropriateness. Antibiotics >2 weeks to be discussed with Dr Bryant (or ID consultant if unavailable)
- Troubleshoot line concerns
- Bi-weekly case conference to review patient progress

Wallaby care requirements

- Daily IV antibiotic administration
- Daily nursing review
- Daily clinical photo of wound (if applicable)
- Collect pathology as per orders
- Weekly CVC cares

Potential issues

- Clinical deterioration/lack of improvement/worsening inflammatory markers – discuss with home team. If duration of IV antibiotics to be extended, needs to be discussed with ID team
- Concerns re central line – discuss with HITH medical team
- Anaphylaxis – administer IM adrenaline and call ambulance (will need allergy referral)

Readmission

- If clinical deterioration or requiring further intervention (ie surgical drainage)
- Home team to liaise with bed manager to facilitate ward transfer if stable, or ED AO if unstable

Discharge plan

- Discharge once IV antibiotics ceased – home team to provide script for oral antibiotics if required
- Wallaby ward will arrange line removal if required