



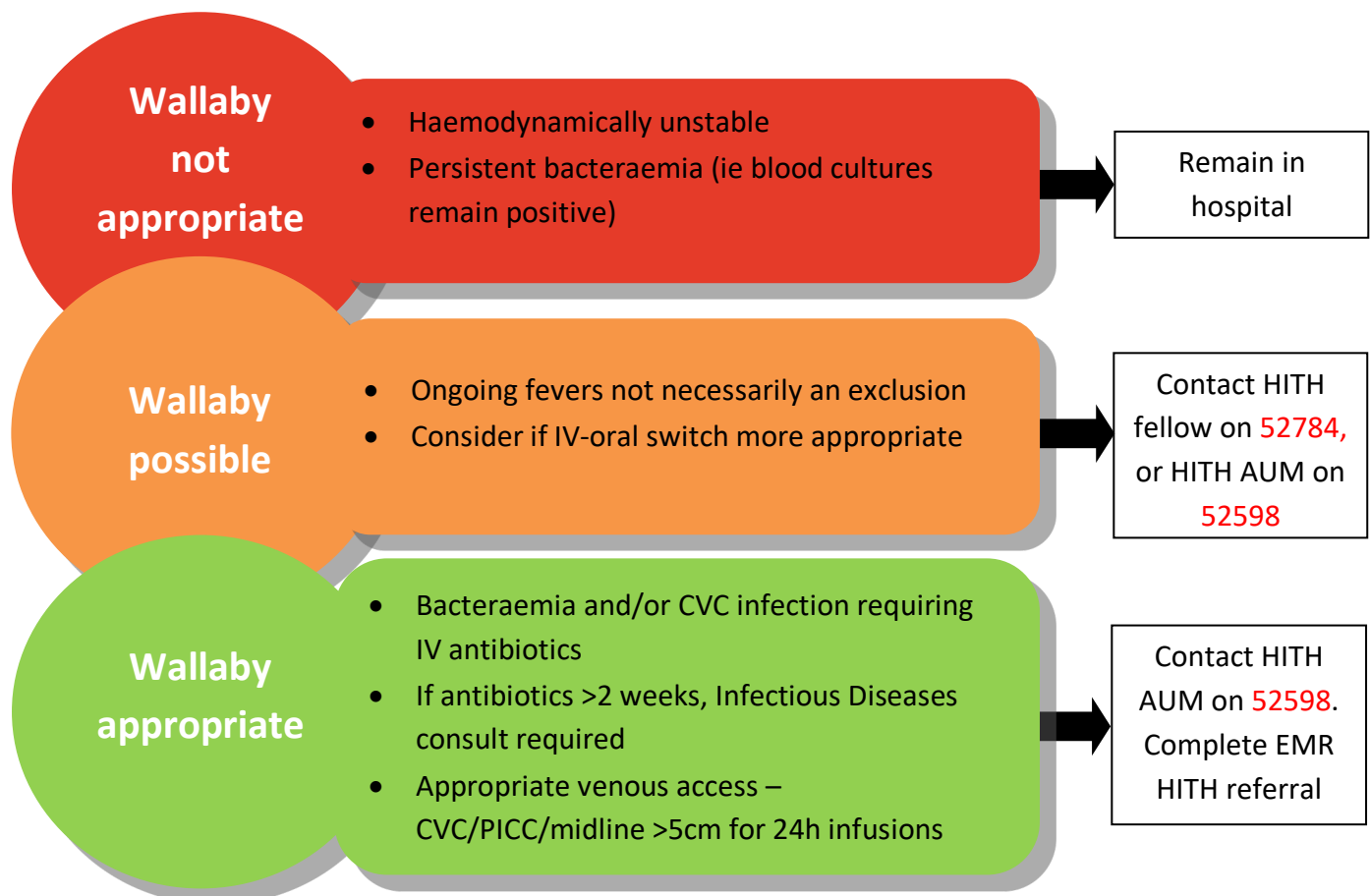
Bacteraemia/CVC infection



Clinically stable children with bacteraemia or CVC infections requiring IV antibiotics can complete their course through Hospital in the Home (HITH). As with any other HITH admission, this requires a safe home environment and consent from caregivers.

For febrile neutropenia see specific guideline.

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 24h infuser (Baxter) charted, notify HITH Pharmacist – **24h infusers 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 on EMR
 - EMR 'Transfer order reconciliation' completed
- First 24h infuser connected on ward (if required)
- Order regular bloods as per Wallaby 'Antibiotic monitoring' 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”
- 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
- Collect pathology as per orders
- Weekly CVC cares

Potential issues

- Clinical deterioration – discuss with home 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
- 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