

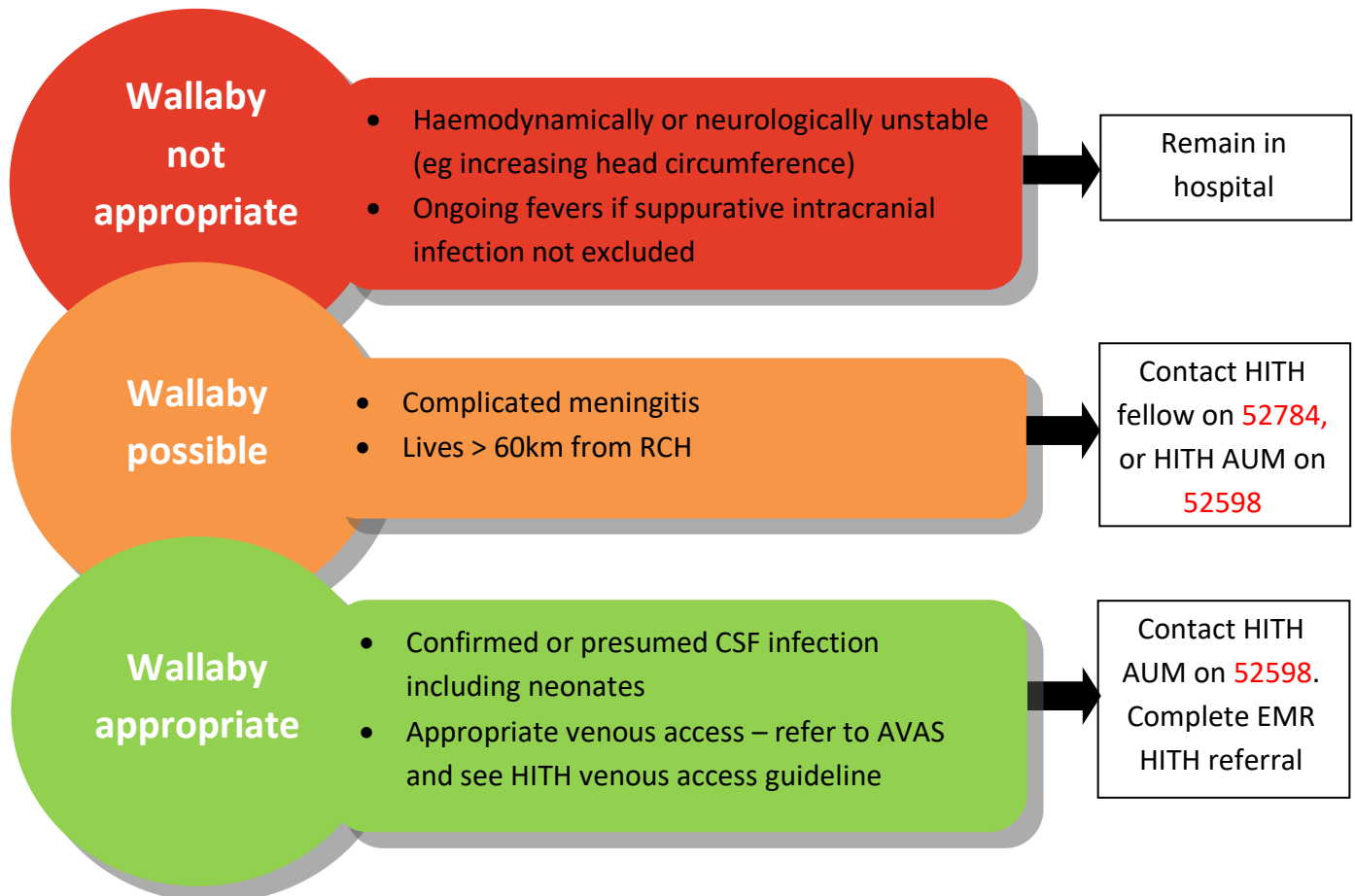


Meningitis and ventriculo-peritoneal shunt infection



Clinically stable children with meningitis and VP shunt infections requiring IV antimicrobials 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.

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 heplock IV PRN
 - Antibiotics charted
 - If 24h infuser (Baxter) charted, **Baxters take time to prepare, so please notify HITH pharmacist** and discuss re volume of saline.
 - EMR referral to HITH and 'Transfer order reconciliation' completed
- CVC sized < 4 French need a continuous infusion via Baxter (antibiotic or saline)
- First Baxter connected on ward (if required)
- Order regular bloods as per HITH '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 antimicrobial administration
- Daily nursing review
- Daily head circumference if required**
- Collect pathology as per orders
- Weekly CVC care – midlines and Premi-PICCs may require dressing changes in hospital

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 completed IV antimicrobial – home team to provide script for oral treatment if required
- Wallaby ward will arrange line removal
- Appropriate follow-up arranged