

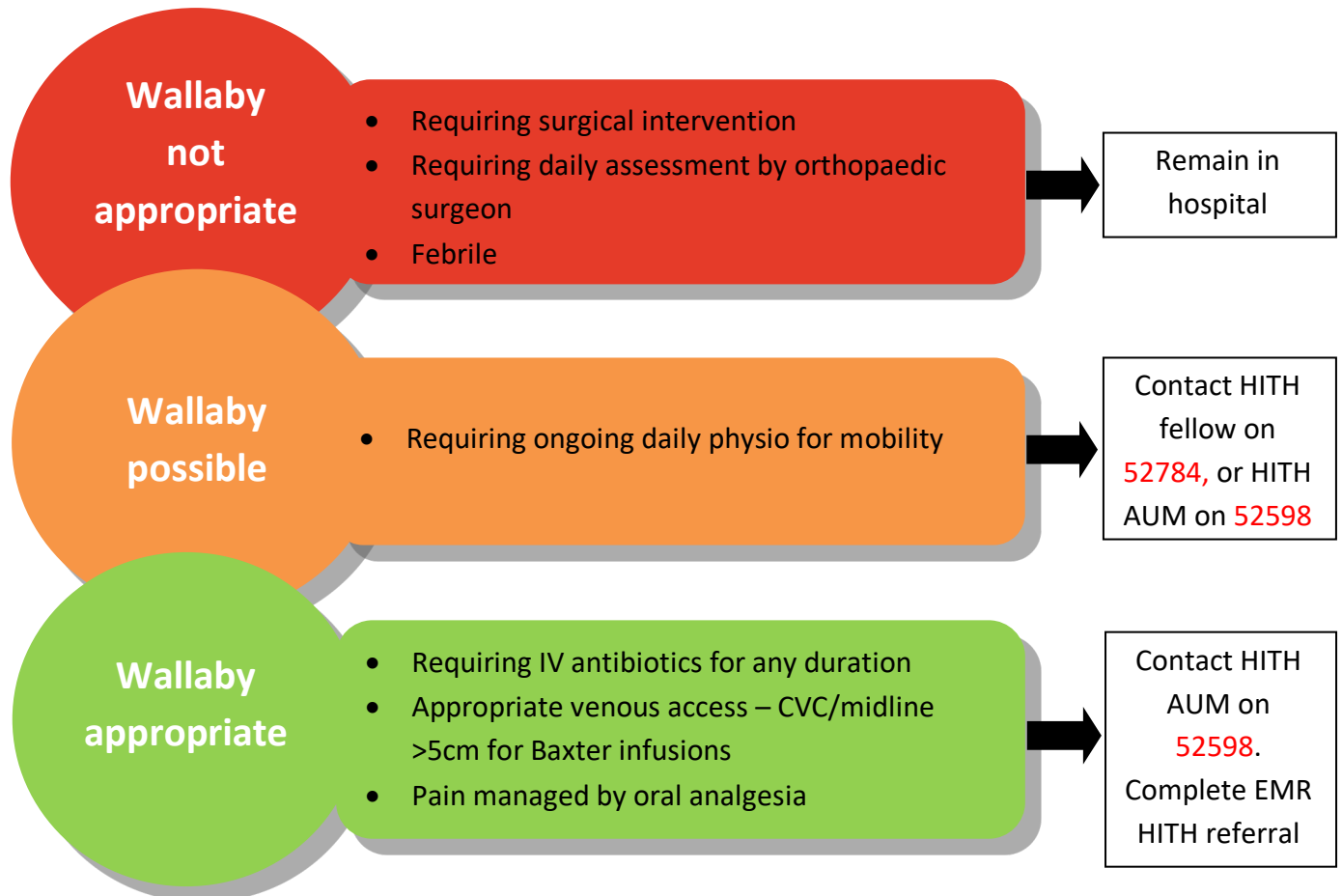


Osteomyelitis/Septic arthritis



Clinically stable children with osteomyelitis or septic arthritis 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. If antibiotic duration >2 weeks, refer to HITH consultant (A/Prof Bryant or needs ID consult).

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, **Baxters take time to prepare, please notify HITH pharmacist** and discuss with pharmacist re volume of saline – larger children generally 240ml.
 - EMR referral to HITH and 'Transfer order reconciliation' completed
- 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”
- 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)
- 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 care and troubleshoot CVC issues
- Physiotherapy as required

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