



Assessment Document for Skin and Soft Tissue Infection

Speciality: Outpatient Parenteral Antibiotic Therapy(OPAT) Service

Patient Details	GP Details
Name	Name
Address:	Address:
Post Code:	Post Code:
Tel. No. Land Line:	Tel. No.
Mobile:	
CHI:	Referred by:
Age:	Date Commenced OPAT:

Suitability for OPAT	Yes	No
Is the patient willing to try OPAT, and physically able to attend the unit daily?		
Does the patient have transport?		
Does the patient have telephone?		
Active/current history of alcohol/substance abuse?		
Is cognitive function adequate?		
Mental health morbidity/ history of self harm?		
Other active medical problems requiring inpatient management?		
Is there pain out of proportion to skin changes/ cellulitis rapidly evolving / blistering		
Systolic BP <100mmHg		
2 or more SIRS (Temp <36 or >38, HR > 90, RR > 20, WCC <4 or >12) or NEWS≥3		
The following patients require specialist surgical or orthopaedic review before consideration for OPAT:		
Recent surgery in relation to the SSTI		
Possible joint involvement		
Bursitis		
In your opinion is the patient suitable for OPAT?		
Does the patient give informed consent to be treated via OPAT		

Presenting complaint/diagnosis / Focussed Brief Clinical Exam

Any relevant recent surgery date/procedure

Pertinent Microbiology:

Patient allergy summary

Current medication history (including recreational drugs) Please complete E Med Reconciliation yes/no

Relevant past medical/surgical history + risk factors e.g Diabetes; Obesity; IVDU etc.

Summary of adverse events during OPAT

Name:

CHI:

Date:

Ward:

OPAT Care Plan

Base line observations e.g Nurse Specialist review date/First visit:

Temp.	Pulse	BP	Resp.	Weight	Height
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Frequency of observations - please circle **At each visit** **If patient is unwell**

Monitoring: Daily Bloods – Circle those required & add any others as required

U&Es LFTs CRP FBC Glucose CK(if on Daptomycin)

If discharged from in-patient ward – Please list in-patient antibiotics

Antibiotic	Dose	Route	Frequency	Start Date	Stop Date

IV access Device in Situ: Please circle device and date/initial each box at each visit

Butterfly **Venflon** – Review daily and change every 72 hours

Date venflon inserted:

Inserted by:

Date removed:

Patient information given

Printed IV drug administration protocol	Yes	No	OPAT Information contact numbers	Yes	No
Antibiotic patient information leaflet	Yes	No	Aware of Anaphylaxis procedures	Yes	No
Is Ambulance transport required?	Yes	No	Ambulance Transport leaflet given	Yes	No

Comment:

Discharge Documentation

GP Letter sent:	Yes	No	Patient Questionnaire sent	Yes	No
Follow up required	Yes	No			

PATIENT GROUP DIRECTION - Treatment of Skin and Soft Tissue Infections

Antibiotic

Affix label here

Consultant:

Date comm.:

Weight:

Height:

Record of Administration

Date	Drug	Dose	Route	Time	Administered by	Signature

Oral Antibiotics Pre-pack 7 day course

Date	Drug	Route	Dose	Comm	Supplied by	Signature

Comment:

Miconazole Cream 2% 30g for Tinea Pedis

Yes/No

Date	Drug	Route	Dose	Comm	Supplied by	Signature
			Apply Twice Daily *			

*Continue treatment for 10 days after lesions healed

Please complete:-

Assessed by:

Patient meets inclusion criteria	Yes	No
Patient included	Yes	No
Patient consent given to treatment via PGD	Yes	No
Drug information leaflet give to patient - Intravenous antibiotic	Yes	No
Oral antibiotic	Yes	No
Miconazole cream	Yes	No
If patient excluded what action taken?		

Emergency Care Medical Services

Royal Alexandria Hospital, Paisley

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OUTPATIENT PARENTERAL ANTIMICROBIAL THERAPY REFERRAL FORM FOR CELLULITIS

Patient ID Label

Please send the referral form to the Medical Assessment Unit (MAU) for review by Acute Medical Consultant Monday – Friday 10am -5 pm
Phone MAU (10 am-10pm) – extension 49764

Patients presenting to the Emergency Department / Medical Assessment Unit with Cellulitis may require Out-Patient Antibiotic Therapy (OPAT)

Criteria for OPAT (Should be YES for all)

Patient Phone No

Relevant History

Cellulitis is the main diagnosis needing hospital admission

No other uncontrolled co morbidity requiring hospitalisation

No active drug or alcohol abuse

Absence of sepsis syndrome

(Any two of HR>100, RR>20, Temp >38 or <36, WBC>12 <4

Systolic BP<100 means sepsis)

Patient alert and oriented

Good means of transport and telephone communication

No underlying active orthopaedic problem

Referred By: Name

Designation

Bleep Number:

Date:

Time:

Responsible Consultant:

Signature:

ADMISSION TO AN ACUTE MEDICAL BED IS NECESSARY IN THE FOLLOWING CASES

- Cellulitis affecting face or orbit (ref to max facial team)
- Patient is IV drug user
- Where there is no improvement after 48 hours IV therapy
- Vomiting where anti-emetics are ineffective after changing to parenteral route
- Severe or rapidly worsening infection
- Unstable Diabetes Mellitus where sliding scale insulin is considered necessary