

**Ground rules for the administration of Intravenous Antibiotics at home  
under the Paediatric OPAT Service (p-OPAT)**

Paediatric Out-patient Parenteral Antibiotic Therapy (p-OPAT) is an effective way of treating your child's infection in the comfort of your own home. However, it is essential for us to ensure that they receive the same quality of care as they would in hospital, and for that reason, there are certain conditions that must be fulfilled by both the p-OPAT team and the family to ensure that your child is managed safely at home.

The family must have a fixed address where the community nurses can visit each day. Pre-prepared intravenous antibiotics will be given to the family on discharge and these **must be kept refrigerated** unless otherwise stated. All waste must be placed in the yellow bag provided and this will be collected by the community nurses each day.

The community nurses will arrange a convenient time to visit you each day. If you are not at home when the community nurses visit, which means that your child is unable to receive their antibiotics, this will be feedback to the p-OPAT team. A decision will then be made whether to readmit your child to hospital for completion of their treatment.

If the community nurse feel at any stage that the home environment is inappropriate or unsafe for treatment to be administered, this will also be feedback to the p-OPAT team and may result in readmission to hospital for completion of treatment.

It is essential that you report any concerns you have about your child's PICC/CVC/cannula to the community nurses or p-OPAT team. In addition, if you have any concerns that your child's clinical condition is deteriorating; you must inform the p-OPAT team immediately.

Your child will be reviewed by the community nurses each day and your child's temperature, heart rate and breathing rate will be measured. In addition, they must be brought to the weekly p-OPAT clinic at Southampton Children's Hospital where they will be reviewed and further medication will be dispensed if required.

By signing below, I agree to comply with the terms and conditions above:-

Patient name.....

DOB.....Hospital number.....

Parent / guardian name.....Signature.....

OPAT consultant name.....Signature.....

Name of OPAT nurse.....Signature.....