

Outpatient Parenteral Antimicrobial Therapy

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Treatment Plan Notes:

Will your patient be followed by the Duke OPAT program (AIM)?

YES	NO
Discharging to home with home health care	Patients on hemodialysis when OPAT is administered at hemodialysis center
Discharging to SNF	Discharging to another inpatient facility (LTAC, inpatient rehab, etc)
	VA patients

Complete the form in the OPAT tab and generate a Treatment Plan Note

Enter a Treatment Plan note type and use the SmartPhrase “.OUTPTIVABX.” Case management should send this to the receiving facility or provider.

OPAT Episode Details

Linked Problems

OPAT DETAILS

Linked	Type	Noted	Resolved
<input checked="" type="checkbox"/>	Prosthetic Joint Infection	Outpatient Parenteral Antibiotic Therapy (OPAT)	01/13/2023 <input checked="" type="checkbox"/>

General Info

Antimicrobials

My Note

Note Details

Date of Service: 7/19/2024 06:33 AM Type: Treatment Plan Service: Infectious Di...

*** will be discharged on parenteral antibiotics for management of: Infection: VAD infection

Discharge Antibiotic plan as follows:

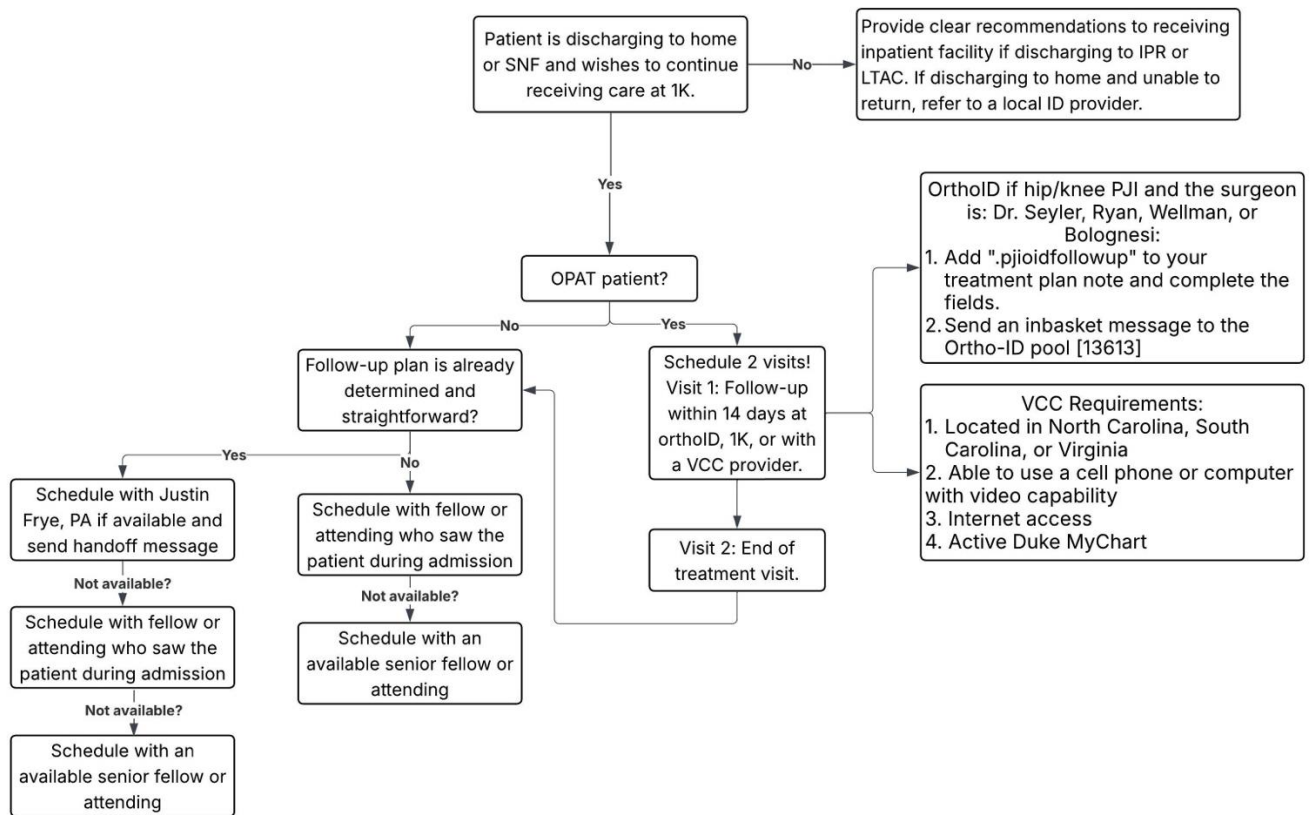
- Drug(s): Patient received initial dose in hospital [Drug: vancomycin]
- Dose: ***
- Frequency: FREQUENCY: 24 hours
- Route: Via [Access: PICC] placed on ***
- Goal trough (where appropriate): OPAT Troughs
- Start Date: ***
- Stop Date: ***
- Pull PICC at end of IV antibiotic therapy if applicable
- If patient is discharging home, please use Duke Infusion/Duke HomeCare & Hospice for antibiotics if possible
- PICC (or other line) care per protocol.

OPAT Candidacy

Patient considerations:	Does your patient need OPAT? Are they a candidate for COpAT?
	Does your patient consent to OPAT?
	Is the patient or a caregiver able to administer OPAT on the proposed schedule?
	PWID: Discussion with COMET team
Follow-up considerations	Confirm that the patient has a functioning phone and set expectations that the patient will be contacted by ID, home infusion, and health.
	Is the patient willing to attend ID follow-up? Are there any transportation barriers?
	For VCC: Confirm that the patient has a phone or device capable of video calls, reliable internet access, and is in NC, SC, or VA.
Financial considerations:	What is the anticipated co-pay for your patient?
	Are there additional home health or home infusion fees?
Home health considerations:	Does your patient live in an area where they can get home health?
	Does your patient reside in a place where home healthcare workers can safely visit?
PICC line considerations	History of DVT
	Advanced CKD
	History of lymph node dissection
	Upper extremity surgery or trauma

Outpatient Follow-up for OPAT Patients

- **All OPAT patients who require ID follow-up should be seen within 14 days of discharge.**
- If you are ready to sign off but the patient disposition is not yet determined, *pass the patient to Patty* who can assist with finalizing the OPAT treatment plan and arranging follow-up.



How to request follow-up:

- Send an Inbasket message to “P Infectious Diseases Scheduling” to request an appointment
- If you are handing off to another provider, send a brief signout via inbasket message.
- For Ortho ID clinic:
 - Add “.pjoidfollowup” to your treatment plan note
 - Send an inbasket message to the Ortho-ID pool [13613]
 - Contact Jessie Seidelman if any additional questions

CoPAT

Complex Outpatient Antimicrobial Therapy

Consider CoPAT monitoring for patients on high risk PO agents that require routine labs.

- Linezolid/tedizolid
- High dose TMP/SMX
- PO agents that require therapeutic drug monitoring (azoles).

To request CoPAT monitoring:

Enter an OPAT treatment plan with med, dosing, and requested lab interval and sign the treatment plan note as you typically would for OPAT. For recommended labs, see the OPAT/CoPAT chart on CustomID.

The screenshot displays the 'OPAT Episode Details' interface. On the left is a navigation sidebar with sections: OPAT EPISODE (Episode, Linked Problems), OPAT DETAILS (General Info, Antimicrobials, Labs), SIGNOFF NOTE (Treatment Plan...), and REFERENCES (Administration C..., Tx Plan Notes, Fever, Micro Results). The main content area is titled 'OPAT Episode Details' and includes a '+ New Episode' button, a 'Show: Resolved Deleted' filter, and a table of linked problems. The table has columns for 'Linked', 'Type', 'Noted', and 'Resolved'. One entry is visible: 'Prosthetic Joint Infection' (linked), 'Outpatient Parenteral Antibiotic Therapy (OPAT)' (type), '01/13/2023' (noted), and 'Resolved' (status). Below the table are 'Restore', 'Close', 'Previous', and 'Next' buttons. A section titled 'Add Problems using the Episodes of Care link above' shows 'Prosthetic Joint Infection Problems (from 01/13/23 to present)' with 'No active problems associated with this episode.' Below this are 'General Info' and 'Antimicrobials' sections, each with '+ New Reading', 'Cosign Report', and 'Flowsheets' options, all showing 'No data found.'

Linked	Type	Noted	Resolved	
<input checked="" type="checkbox"/>	Prosthetic Joint Infection	Outpatient Parenteral Antibiotic Therapy (OPAT)	01/13/2023	<input checked="" type="checkbox"/>

OPAT/CoPAT Support

The AIM Pharmacy team and 1K vascular access nurses can be contacted by EPIC Secure Chat. Search “OPAT” (see image below).

AIM Pharmacy team (pager: 970-7730):

- Jason Funaro
- Jenna Januszka
- Tyler Pitcock

OPAT Nurse Coordinator

- Rosaley Tizon
- Araceli Novio

1K Vascular Access Nurses

- Mariza Ignacio

Duke Home Infusion Pharmacists

- Thanh Bui
- Brittani Carlington

VCC Providers


- Molly McDonough
- Justin Frye
- Mike Yarrington
- Kristen Dicks
- Sarah Lewis

OPAT Medical Director: Molly McDonough


1K Medical Director: Kristen Dicks

To:

Frequently Contacted

 **1K OPAT/PICC Nurses** ⓘ
Opt-In
Number of Members: 4

Groups

 **AIM/OPAT Pharmacists** ⓘ
Opt-In
Number of Members: 3

Outpatient Workflow for New OPAT Start or PICC Placement/Replacement

Setting up new OPAT – Advanced Notice Preferred

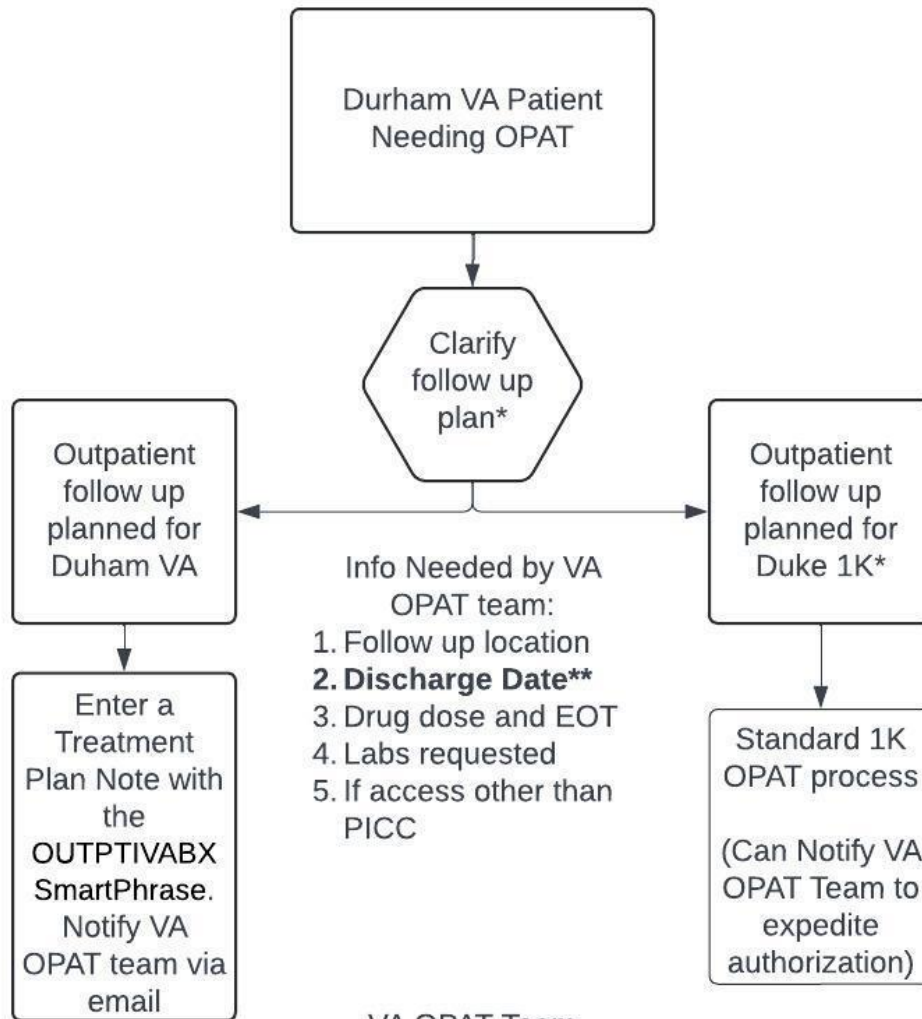
1. Contact AIM Pharmacists and 1K PICC nurses via secure chat (search “OPAT” to find both groups) to notify them of new start request and approximate timeline of new start
 - a. If outside M-F clinic hours, send inbasket message to DUHS Rx OPAT instead
2. Place the following orders from within an encounter:
 - a. Build OPAT episode using the “OPAT” tab, fill out all flowsheet info, then create treatment plan note. This will act as orders for home infusion and “refer” patient to clinical pharmacists for management.
 - b. Follow the instructions below to enter orders and documentation for PICC placement. Nursing team will connect with patient to coordinate PICC line placement.
3. OPAT team will connect with home infusion to investigate pricing and provide updates

NOTE: To comply with laws and regulations set by the NC Medical Board and NC Board of Pharmacy, the OPAT pharmacist team can only manage a patient's OPAT course if they have been seen and evaluated by an ID attending who has signed the pharmacist collaborative practice agreement.

Setting up new PICC only

1. Contact 1K PICC nurses via secure chat (“1K OPAT/PICC Nurses”) to notify them of PICC request
2. Place the following orders from within an encounter:
 - a. Enter “Place PICC” order and answer required options
 - b. Additional orders may be required based on PICC placement location (nursing will notify you)
 - Placed in 1K: patient must be consented by the provider (in person or via phone OK) and documented using .IDPICCDISCUSSION
 - Placed via vascular access team (Duke North 9230): no further orders needed. If 1K nursing is not available to assist with referral to VAT, follow this process:
 1. Contact PICC charge nurse to obtain approval (Pgr: 970-6465 | Ph: 919-812-6744)
 2. Call clinic 1D to place patient on PICC schedule (668-7800)
 3. Patient should report to the Duke North registration desk to check in. Then they will go to 9230 (just outside 9300) to meet the VAT team and have the line placed.
3. Nursing team will connect with patient to coordinate PICC line placement

VA OPAT Discharge Process



VA OPAT Team

Mary Townsend, Pharmd, mary.townsend1@va.gov

Rey Perez, MD reinaldo.perez@va.gov

Christopher Shoff, MD christopher.shoff2@va.gov

*If plan is for 1K to follow ensure patient has supplemental insurance beyond VA coverage. VA will not cover outside ID clinic costs unless extenuating circumstances or it is for a service Durham VA ID cannot provide. Extensions in therapy may require renewal of VA authorization

**Discharge date is required. If unknown when otherwise ready to sign off please plan on transition to Patty's list until DC date known.

Daptomycin for Discharge

Daptomycin is not recommended for MSSA, MRSA, or CONS in the following scenarios:

- Pulmonary infections
- CNS infections
- Infections with high risk of treatment emergent resistance:
 - Extensive vancomycin use beforehand, defined as >6 weeks of vancomycin with a likely persistent source of infection
 - insufficient source control

Steps for Daptomycin Switch

1. Secure chat primary team case management to request a cost estimate for daptomycin vs vancomycin for OPAT.
2. If approved for a switch, notify the primary team about plan to transition to daptomycin and request a first dose be ordered.
3. Add or update the treatment plan.

Dalbavancin

- **Indications**

- Single dose (1500mg)
 - Uncomplicated *S. aureus* bacteremia with ≤ 14 days of IV therapy remaining
 - Complicated *S. aureus* bacteremia with source control and ≤ 14 days of IV therapy remaining
 - Skin and soft tissue infection where PO options are contraindicated
- Two dose (1500 mg on D1 and D8)
 - Complicated *S. aureus* bacteremia
 - Vertebral osteo
 - Sternal wound infections
 - Note: Single dose inpatient and 2nd dose ambulatory (preferred)
- Indications to avoid
 - CNS or epidural abscess
 - Infections when source control cannot be obtained (e.g. undrained abscess)
 - Polymicrobial infections

- **ID Provider Process to initiate Dalbavancin (for inpatients)**

- **ID to page or secure chat ASET to request approval**
- If approved single dose → primary team enters inpatient order
- If approved two dose:
 - ASET to loop in AIM for therapy plan to determine cost/coverage of outpatient dose
 - **AIM to feed info back to ID team**

High Cost PO Agents

- AIM/OPAT team will be piloting a new process to assist with copay estimates and prior authorizations needed for our COpAT/OPAT patients who plan to be discharged on high-cost oral antimicrobials.
- Our goal is to minimize disruptions in therapy due to high copays, lack of insurance coverage, or prior authorization requirements.
- High-cost oral antimicrobials may include:
 - Linezolid
 - Tedizolid
 - Posaconazole
 - Isavuconazole
 - Omadacycline
- When you have identified a patient who will be discharging on these agents, follow the process below. Please provide your feedback on this process to the AIM team.

