



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER

**SUBJECT:** OUTPATIENT PARENTERAL INTRAVENOUS ANTIBIOTIC THERAPY (OPAT) **POLICY NO.** 390

<b>CATEGORY:</b> Provision of Care	<b>EFFECTIVE DATE:</b> 11/04
<b>POLICY CONTACT:</b> Miriam Garcia and Raul Macias Gil	<b>UPDATE/REVISION DATE:</b> 1/23
<b>REVIEWED BY COMMITTEE(S):</b> Antimicrobial Stewardship Committee	

**PURPOSE:**

To successfully educate patients/caregivers to utilize home intravenous (IV) antibiotic therapy via the Outpatient Parenteral Antibiotic Therapy (OPAT) Program with appropriate supervision by medical personnel. The process will assist the patient/caregivers in the transition to out-of-hospital care and to resume their previous lifestyle within the limits of prescribed therapy. It will also reduce the patient’s hospital stay and decrease overall costs of antibiotic therapy.

**POLICY:**

Harbor-UCLA Medical Center will ensure that all established procedures are met in order for patients to become eligible for OPAT.

**PROCEDURE:**

**CRITERIA FOR PATIENT SELECTION**

All of the following are necessary:

1. The Home Health Coordinator (HHC) must concur with the referring physician that the patient and/or the responsible caregiver has capacity to comply with the OPAT program. The HHC will determine the appropriateness of the home IV antibiotic therapy in accordance with available resources.
2. Medication requirements:
  - a. IV antibiotic therapy is needed in the outpatient setting for **at least 2 days**.
  - b. No more than two (2) IV antibiotics are allowed, no more frequently than every six hours unless an infusion pump is used.
  - c. The first dose of antibiotic(s) must be given as follows:
    - i. For hospitalized patients: while patient is in hospital or prior to being discharged.

---

**REVISED:** 9/06, 10/06, 4/11, 10/14, 6/15, 8/18, 1/20, 1/23  
**REVIEWED:** 9/06, 10/06, 4/11, 10/14, 6/15, 8/18, 1/20, 1/23

**APPROVED BY:** \_\_\_\_\_  
**Anish Mahajan, MD**  
**Chief Executive Officer**  
**Chief Medical Officer**

\_\_\_\_\_  
**Griselda Gutierrez, MD**  
**Associate Chief Medical Officer**

\_\_\_\_\_  
**Jason Black, MBA, DNP, RN**  
**Chief Nursing Officer**



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT:** OUTPATIENT PARENTERAL INTRAVENOUS ANTIBIOTIC THERAPY (OPAT) **POLICY NO.** 390

- ii. For non-hospitalized patients: patients may present to Harbor-UCLA's Urgent Care Clinic to get a peripherally inserted central catheter (PICC line) or midline placed along with their first dose of IV antibiotic(s), especially if they have never received the prescribed antibiotic or class of antibiotic before.
  - d. Patients who are already on OPAT and require a change in antibiotic therapy for an antimicrobial that they have never received before, the first dose of antibiotic(s) may be administered at Harbor-UCLA's Urgent Care Clinic or in the outpatient setting. If the antibiotic is given in the outpatient setting, the infusion pharmacy provider and HHC teams will coordinate for safe administration of the first infusion under their own safety policies and procedures.
  - e. Patients cannot receive IV amphotericin, colistin, or aminoglycosides except under special circumstances when equivalent alternatives do not exist, and the treatment plan is endorsed by an Infectious Diseases (ID) physician.
  - f. It should be determined by the physician that the patient has had a positive clinical response to current treatment.
  - g. Patients who fail to adhere to the recommended treatment plan, lab monitoring requirements, or follow up visits may be discharged from the OPAT program at the discretion of the treating physician and/or ID team.
3. Administering the medication:
- a. Self-administration: Patient must be mentally alert and willing to self-administer antibiotics. Patient should be deemed able to self-administer antibiotics. Patient must be willing to learn all that is necessary for administration of IV antibiotics at home and commit to the success of the prescribed therapy.
  - b. For administration by other than the patient: The responsible caregiver must be willing to learn all that is necessary for administration of IV antibiotics. HHC nursing staff may provide IV administration services for patients who may not be able or capable to self-administer their IV antibiotics.
4. Patient must have appropriate venous access:
- a. Less than 4 weeks of IV antibiotics - may have a midline catheter in place.
  - b. More than 4 weeks of IV antibiotics - should have a PICC or central line in place.
  - c. Less than one week of IV antibiotics - may have a patent peripheral IV access.
5. Any current/active or recent substance abuse which might affect the ability to follow the regimen should be carefully considered.
6. Patient/caregiver must have transportation or be able to drive to Harbor-UCLA's Emergency Department whenever they need assistance, or to have blood drawn at the Outpatient Laboratory whenever ordered.
7. The HHC must be given at least 24 to 48 hours to set up the IV antibiotic request.

**HOME CARE AGENCY**

1. The HHC will refer the patient to both an outside Pharmacy that accepts the patient's insurance and a Home Health Agency which services the patient's area of residency.



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER

**SUBJECT:** OUTPATIENT PARENTERAL INTRAVENOUS ANTIBIOTIC THERAPY (OPAT) **POLICY NO.** 390

2. The Agency must have a written protocol for IV therapy.
3. The Agency Nurse will visit the patient once a week or more often if indicated, to follow-up on patient's compliance with therapy and to change midline or PICC line dressing.
4. The Agency Nurse will provide weekly patient progress feedback to the HHC if concerns for lack of adherence, changes, or safety issues.

**THE MULTIDISCIPLINARY TEAM**

1. **Comprehensive Plan:** A comprehensive plan for follow-up must be in place to include follow-up appointments with treating physicians and antibiotic safety monitoring via HHC & OPAT teams.
2. **Physicians:** The general responsibility to follow the patient throughout the course of treatment is to be shared by the primary team requesting OPAT and/or the designated ID team.
  - a. The primary team physician(s) must inform the patient/caregiver of the plan to discharge them on OPAT. The primary team physician(s) must also inform the patient/caregiver of their responsibility to adhere to the program and of potential consequences from lack of adherence (i.e., failure to treat their infection, complications with PICC, adverse events from antibiotics, etc.).
  - b. Follow-up clinic visits to monitor clinical response are to be scheduled by the ward team and/or the ID team following the patient, as appropriate. If the patient is out of network (non-DHS), the primary team is responsible for ensuring appropriate follow-up with patient's primary care or ID physician prior to discharging patients from the hospital.
  - c. The ID team on-service (Paggers: Adult ID -0343, Pediatric ID -1521) must be called for consultation for appropriateness for OPAT prior to patient's discharge.
  - d. The ID team will order the patient's IV antibiotic via the Electronic Health Record (ORCHID) as Home Infusion.
  - e. The primary team will be responsible for placing Home Health orders. The ID team will share in the responsibility of notifying Home Health of approved IV antibiotic patients.
3. **Home Health Team:** The HHC is responsible for coordinating OPAT for the patient. If the patient is out of network, they will also coordinate appropriate hand off with the patient's healthcare team outside DHS. Hours of operation: Monday - Friday, 8:00 am – 5:30 pm. Tel: (424) 306-8451. The office may be closed on holidays and weekends, depending on hospital and DHS resources.
4. **Nursing:** The Nursing staff will provide patient/caregiver education regarding care of PICC line, midline, or peripheral IV to include signs and symptoms of infection and complications such as phlebitis.
5. **Pharmacy:** Outside private pharmacies will be utilized for IV antibiotic drugs and supplies.
6. **Emergency Department:** Patients/caregivers will be directed to go to the Emergency Room or Urgent Care with urgent problems that the Home Health agency is unable to resolve. The IV team will be consulted to repair, reinsert and discontinue PICC lines when necessary.
7. **Weekly Report:** The Home Health team will meet weekly with the designated ID team for OPAT rounds to review safety laboratory results for all patients on OPAT. If any abnormal results associated to IV



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT:** OUTPATIENT PARENTERAL INTRAVENOUS ANTIBIOTIC THERAPY (OPAT) **POLICY NO.** 390

therapy come back before OPAT rounds, the designated ID team will be made aware. The ID team will order all changes to the IV antibiotic therapy via the Electronic Health Record (ORCHID).

Reviewed and approved by:  
Medical Executive Committee 1/2023

*Beverley A. Petrie*

---

Beverley A. Petrie, M.D.  
President, Professional Staff Association