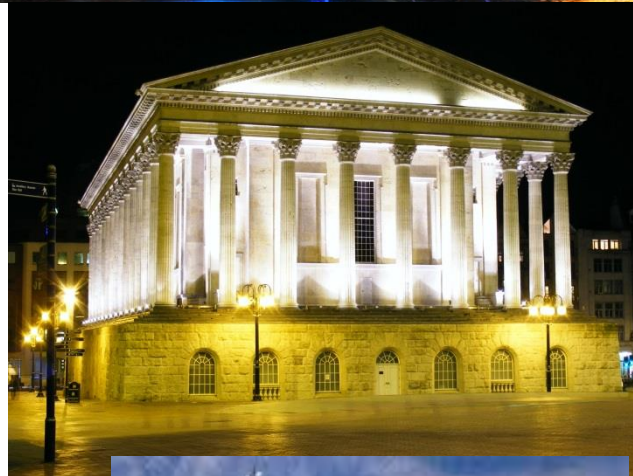


# Community IV antibiotics

Neil Jenkins

Consultant in Infectious Diseases

# Birmingham



# Overview

- Collaboration of specialised infection and community nursing services
- Development of role of nurses specialising in clinical infection rather than IV therapy

# Infection Directorate

Virology and  
viral  
hepatitis

Infectious  
Diseases

HIV and  
sexual health

Microbiology  
& Infection  
Control

Outpatient  
IV antibiotics

Tropical &  
Travel  
Medicine

Military  
infection

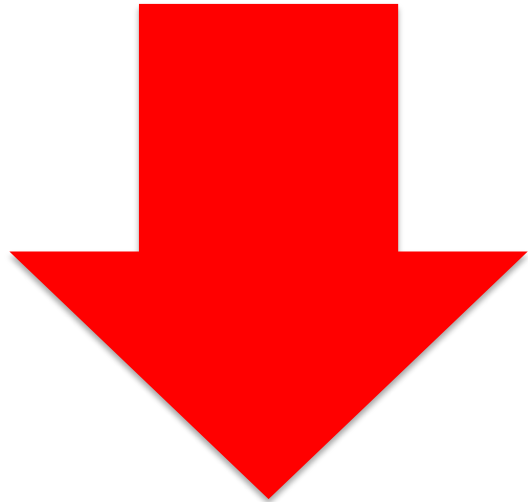
General  
Medicine

Paediatric  
Infectious  
Diseases

Immunology

‘fully integrated  
clinical and  
diagnostic service  
to optimise clinical  
management of  
infection by  
combining the  
distinct but  
overlapping skills  
of each discipline’

- IV therapy as a core skill of all community nurses
- TDS (some QDS) administration possible
- Specialist teams
  - mid line insertion in patients home
  - Increasingly clinically competent

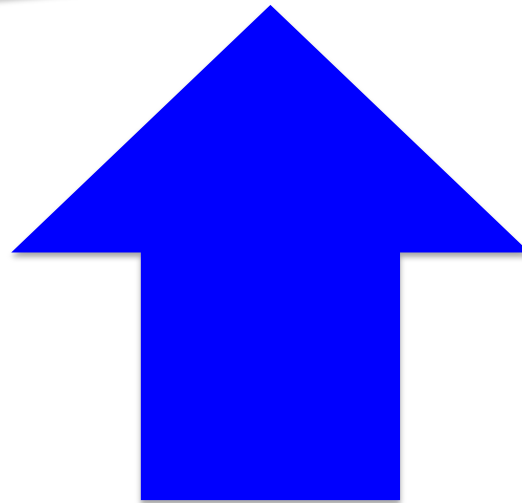


**COMMUNITY  
SERVICES**

**The best quality OPAT service**



**HOSPITAL  
SPECIALISTS**

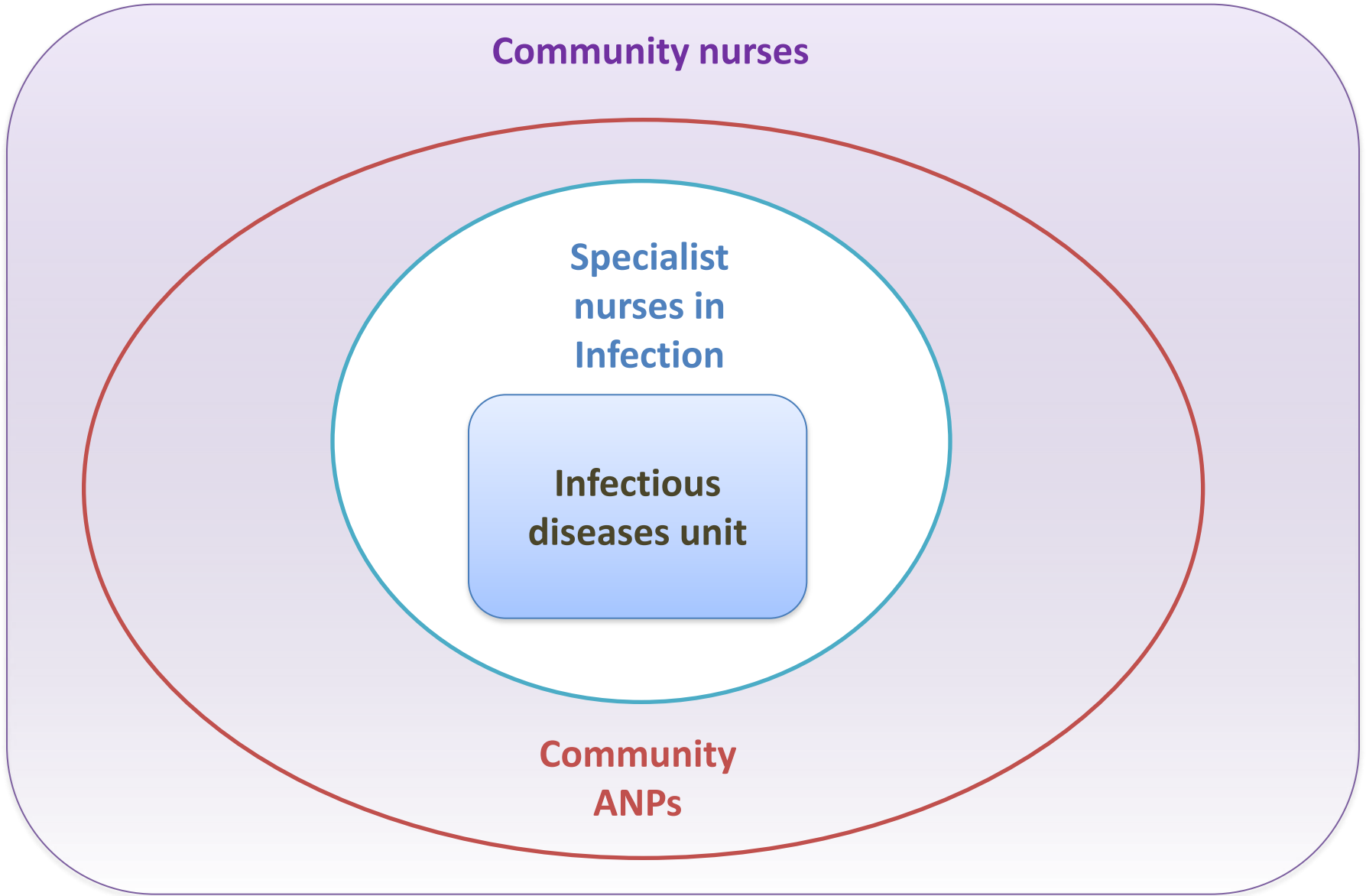


**Community nurses**

**Specialist  
nurses in  
Infection**

**Infectious  
diseases unit**

**Community  
ANPs**



# 1500 referrals since records began

(late 2012)

Soft tissue infection	378
Resistant urinary tract infection	150
Bronchiectasis	145
Prosthetic joint infection	125
Infective endocarditis	21
Bacteraemia	18
MDR TB	8
Neurosyphillis	3



# Community IV treatments

Ceftriaxone	548
Ertapenem	227
Teicoplanin	140
Pip-taz	133
Daptomycin	52
Flucloxacillin	70
Amikacin	11
Tigecycline	4
Micafungin	1

# 35% admission avoidance

56% from Emergency department, rest from primary care

Supported by specialists, managed in community

# The role of the specialist nurse in infection

- Clinical assessment of patients
  - New referrals, ongoing monitoring of patients
- Monitoring for complications
  - Admission avoidance
- Prescribing
- Nurse-led clinics
- IV-oral switch

# The role of the specialist

- Gatekeeper to the service
  - Oncall for primary and secondary care referrals
  - Clinical review where possible, bedside or 'hot clinic'
  - Support for ANP assessment
- Overall responsibility for patient management
- Designs the antibiotic plan. Is IV necessary?
- Leads the weekly virtual ward round
- Clinic review where required
- 'On call' for problems during community treatment



**The role of the  
specialist...**

**taking all the credit  
for the work**

# Electronic patient record

- Shared electronic Concerto databases
  - Linked to hospital patient electronic patient record
  - Record initial assessment and ward rounds/troubleshooting as follow up

# Meetings

- Virtual ward rounds
  - weekly
- Monthly face to face meetings
  - Hospital team/3 community teams
- Steering group meetings for community teams
  - Hospital consultant and nursing presence

# Clinical competencies

- Consultant-led training
- Advanced nurse practitioners
- Cellulitis, urinary tract infections



# Cellulitis competencies

Required Skills and Knowledge	Evidence	Date
Understands cellulitis, its underlying pathology, its progress and how to assess severity		
Diagnose the nature, severity and significance of the infection		
Assesses the effect of multiple pathologies, existing medication and contraindications on treatment options		
Understands the mode of action and pharmacokinetics of potential antibiotics, how these may be altered (e.g. by age, renal impairment) and how this affects dosage		
Requests and interpret relevant investigations		
Understands the potential for unwanted effects, (e.g. adverse drug reactions, drug interactions, allergy), and how to avoid/minimise and manage them		
Establishes and maintains a plan for reviewing the patient's progress, discharge or end point of treatment (includes switching to oral therapy)		
Follows relevant local and national guidance for medicines use (e.g. policy, formularies, care pathway)		
Knows when and how to refer to, or seek guidance from, the GP, another member of the team or consultant		

# Benefits

## **Community teams**

- Clinical support
- Shared experience
- Working across traditional barriers

## **Specialist teams**

- Extending influence into community and primary care
- Closer relationships with community antibiotic prescribers

# Thank you

## **ANP in Infection**

Heather Keating  
Suzanne Carr  
Jo Spicer  
Becky Wynne

## **Infectious Diseases team**

Ed Moran  
Angela Minassian  
Andrew Woodhouse  
Martin Dedicoat  
Jenny Short

**Dept of Microbiology,  
PHE Birmingham.**

## **Birmingham Community Healthcare**

Janet Knight  
AnneMarie Rawlins

## **Solihull Community Nursing Team**

Ann White  
Joy Morris  
Claire Darby

## **South Staffordshire Community team**

Hiliary White

**Antimicrobial pharmacist**  
Roseanne Cook