



island health

OUTPATIENT ANTIMICROBIAL THERAPY (OPAT) CLINIC REFERRAL FORM

Clinic Site

- Royal Jubilee Hospital
- Nanaimo Regional General Hospital

* CLINIC INCLUSION CRITERIA MUST BE MET - SEE REVERSE

Referral Date: _____

Referral Source: Emergency Room Department: _____ RJH _____ VGH _____ NRGH _____ SPH
 Acute Care: _____ RJH _____ VGH _____ NRGH _____ SPH

Unit: _____

Referring Physician: (please print) _____ (Physician MSP Billing Number) _____

Provisional Diagnosis: _____

- cellulitis, uncomplicated
- cellulitis complicated
- respiratory
- urinary tract
- bone / joint
- odontogenic
- wound infection postoperative
- diabetic foot infection
- bursitis
- other: _____

Other relevant history and physical findings: _____

Required Precautions:

- ARO Screening Questionnaire completed?
- Infection Control precautions apply?
- ARO Status: _____

Antibiotics administered in the ER / ward: PO and IV

Drug(s): _____ Date given: _____ Time given: _____

NOTE: THIS IS NOT A PHYSICIAN ORDER

Patient Instruction: Appointment Time: 07:30 AM Allow 2-3 hrs at the hospital, for 1st visit.

bring a list of current medications

Location: RJH - Internal Medicine Clinics, Royal Block One, Phone: 250-370-8220 Fax: 250-370-8638

NRGH - Medical Daycare Unit - Phone: 250-755-7691 local 3599

INCLUSION CRITERIA

The patient must meet the following criteria for referral to the Outpatient Parenteral Antibiotic Therapy Clinic:

1. Patient requires administration of intravenous antibiotics for management of infection. (one dose / day only)
 2. Patient is hemodynamically stable and does not require hospitalization.
 3. All appropriate initial investigations have been performed including lab studies (creatinine, CBC) and when appropriate other investigations (X-ray), procedures (I&D abcess) and referrals (plastics, orthopedics)
 4. Pain associated with the infection can effectively managed with oral analgesics.
 5. Patient is willing and able to travel to the OPAT clinic for assessment the next morning between 07:30 and 09:00.
 6. Patients must have suitable venous access.
 7. Patients requiring simple dressing changes associated with the infection may have their dressing changed in the OPAT Clinic.
 8. Patients must be \geq 15 years of age.
 9. Patients can manage his/her own activities of daily living or being accompanied by a caregiver.

EXCLUSION CRITERIA

If the patient has any of the following they are excluded from referral to the Outpatient Parenteral Antibiotic Therapy Clinic:

1. Hemodynamically unstable or requiring inpatient care and/or monitoring.
 2. Sepsis syndrome or documented bacteremia.
 3. Documented or suspicion of necrotizing fascitis or limb threatening infection.
 4. Acute septic arthritis or soft tissue abcess which has not yet been aspirated or drained.
 5. Infection associated pain-requiring narcotics for management.
 6. Febrile neutropenic patients, patients with fever or unknown origin, febrile returning travelers, and other individuals with fever or infection not yet diagnosed.
 7. Patients requiring intravenous administration of blood products or intravenous medications other than antibiotics.
 8. Patients suspected as being unable to cope with the responsibilities of outpatient management.

FAX Instructions: South Island (250) 370-8638
Central Island (250) _____

Send original Referral form to OPAT Clinic by interdepartmental mail.

Fax Referral, ER Treatment and Assessment form & Nursing Assessment Form