

Oxford Centre for Respiratory Medicine
Churchill Hospital

Outpatient intravenous antibiotic therapy

Patient
Held Record



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* Additional information sheets will be provided on the IV antibiotics that are chosen for your home IV course.

To the Patient:

This record is designed to improve communication between you and all the healthcare workers involved in your treatment. Please check that any personal details are correct.

While you are on outpatient intravenous treatment, please carry this record with you at all times and give it to the doctors or nurses treating you. They should complete the relevant sections and return the record to you.

There are sections for you to make your own notes and contact numbers in the event of problems.

Because this record contains confidential information about your medical history and treatment, we advise you keep it safe at all times.

To the Doctor or Nurse:

This record is designed to improve communication between all healthcare workers involved in this patient's care.

It does not replace the medical notes, but maintains an up-to-date, at-a-glance, record of treatment and progress. Please update it whenever you see or treat the patient and give the record back to them.

The record also contains details of the diagnosis, management plan, antibiotic sensitivities, medications, vascular access and past medical history.

If you need further information, please use the contact numbers listed on page 12.

Health Problems

1.
2.
3.
4.
5.
6.

Serious Allergies / Drug Reactions

1. Cause:
Effect:
2. Cause:
Effect:
3. Cause:
Effect:
4. Cause:
Effect:
5. Cause:
Effect:
6. Cause:
Effect:

Clinical Details and Treatment Plan

Diagnosis:.....

Treatment:.....

Your IV Antibiotic Therapy

Antibiotic	Dose	Frequency	Start Date	Stop Date

Tests required during IV antibiotic courses

- While you are on IV antibiotics we will need to monitor your body's response to the treatment using blood tests and tests of your lung function.
- The blood tests monitor kidney function and blood markers of infection (C-Reactive protein).
- With some antibiotics (gentamicin and tobramycin) the level of the drug itself needs to be monitored (see the 'Aminoglycoside' sheet).
- These tests are performed before you start IV antibiotics and in the middle and at the end of the course. We will clearly explain the timing of these tests and also document them below.

Outpatient appointments for essential IV blood tests required during your IV therapy

Date	Time

Guidelines for the administration of IVs at home

The following guidelines have been prepared for patients and carers who want to give intravenous (IV) antibiotics at home.

While you are in hospital we will explain everything you need to do so that so that you feel safe and confident about this before you go home. We will also tell you what to do if you have any problems or questions.

DO NOT agree to go home until you do feel safe and confident about this. If necessary, the nurse will arrange to monitor your progress at home.

What you will need for your IV course of antibiotics

1. You will need:

- IV Antibiotics:

1st Antibiotic:

2nd Antibiotic:

- Saline (also known as Sodium Chloride 0.9%)
- Water for injection
- Hepsal

2. Choose a surface that is easily cleaned or a tray that you can keep just for IV's.

3. Gather together everything that you will need:

- Syringes
- Blue needles
- Steret
- Bung (should be changed weekly)
- Alcohol hand rub

Step by step guide to administration of home IVs (slow push / bolus). If you are infusing drugs you will be given a separate sheet of instructions.

1. Check name, dose and expiry date of the drugs and solutions.
2. Clean the area you will be working on.
3. Wash your hands thoroughly - if no washing facilities are available, use alcohol hand rub.
4. Open the packets of syringes, needles and steret and drop onto the tray as you have been shown.
5. Open the water, saline and Hepsal and take the tops off the antibiotics.
6. Wash your hands again, washing for two minutes and making sure that you do every part of your hands and fingers.
7. Put the blue needles onto the syringes.
8. **1st Antibiotic:**
 - Withdraw mls of water for injection and inject into the Make sure all the powder is mixed and that there are no lumps. Leave to stand.
9. **2nd Antibiotic:**
 - For powdered antibiotic: Withdraw mls of water for injection and inject into the Make sure all the powder is mixed and that there are no lumps. Leave to stand.
 - For antibiotics already in solution: Withdraw mls of antibiotic and dilute with ml of saline.
10. Draw up mls saline and 5mls Hepsal.

11. Draw up the 1st antibiotic.
12. As you put the syringes back onto your surface, place them in the order that you are going to give them. Label them if necessary.
13. Check that the long line site (or gripper for ports) looks alright. If it looks red or swollen, DO NOT GIVE THE DRUGS. Call your Community nurse or the CF team.
14. Clean the end of the line and bung with steret and allow to dry.
15. Remove needle and push syringe and twist onto bung, inject saline slowly.
 - If the saline injects without difficulty and there is no pain or swelling around the site, then proceed with the antibiotics.
 - If the saline will NOT inject, do not force it. STOP. Consult your nurse or doctor.
16. Give the drugs slowly in the following order:
 - 5ml saline
 - 1st antibiotic over minutes
 - 5ml saline
 - 2nd antibiotic over minutes
 - 5ml saline
 - 5ml Hepsal
17. Change the bung if necessary (normally every seven days)
18. Dispose of needles, syringe, glass ampoules and antibiotic bottles in the sharps bin provided by your nurse. Everything else can go into your household rubbish.

Do's and Don'ts of Home IV's

Do's –

- Be clean – this means hands, work surfaces, dressings and IV sites.
- Allow yourself time and space to carry out the procedure.
- Always give saline (sodium chloride) before and between drugs. This prevents any adverse mixing of drugs.
- Always give hepsal after the final saline flush.
- Give the drugs slowly.

Don'ts –

- Inject air into the tubing
- Give anything that you are in doubt about, such as:
 - The amount of drug
 - The type of drug
 - The site

Extra points for Port-a-Caths

- Only use 10ml syringes or larger
- Always leave the line on positive pressure (as explained by the nurse)

These points should have been explained to you in hospital.

If you do not understand, ask your nurse – it is very important.

How to contact the Cystic Fibrosis / Bronchiectasis Team

Dr Lesley Bennett	Respiratory Consultant
Dr Steve Chapman	Respiratory Consultant
Lisa Priestley	Lead Clinical Nurse Specialist for CF & Bronchiectasis
Cassandra Green	CF / Bronchiectasis Nurse
Holly Bowtell	CF / Bronchiectasis Nurse
Sarah Poole	Respiratory Pharmacist

Contact Number: **01865 225713** (Mon – Fri)

Out of hours (evenings / weekends) call:

01865 741841 and ask for the chest doctor on call

If you have any questions or concerns about the information in this leaflet, please contact us.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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