

Community intravenous antibiotic therapy referral form

Before referral, please ensure that the answers to the following questions are all yes.

Has the patient got a condition requiring intravenous therapy for which a once daily agent is available (discuss with Microbiology if necessary)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the patient got a clear treatment/care plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the patient clinically & mentally stable and otherwise fit for discharge?	Yes <input type="checkbox"/> No <input type="checkbox"/>
The patient consents to treatment and is capable of understanding the implications of their underlying condition, the importance of line care, & potential complications etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the patient got a stable home environment (not drug or alcohol dependent, dangerous animals or risks from others who might access the patient's home)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the patient got access to a telephone & clean running water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the patient got (or arrangements to have) a long line (e.g. PICC or Hickman line) inserted if requiring more than 7 days antimicrobial therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the patient independently mobile or if housebound, home accessible?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please complete this form & fax / email (using an nhs.net email address) as soon as possible to allow it to be uploaded on to our patient system and processed:

Merton adult services SPA (single point of access)

Efax: 0300 008 2122 or email: clcht.mertonspa@nhs.net

Please be aware that meeting the criteria is not automatic acceptance of the referral and it **may take up to 72hrs** to risk assess the patient and accept the referral dependent on capacity and suitability. Patients must have had at least one dose of antibiotic before discharge and the referral must be accepted by the Merton adult services SPA triage nurse before the patient is discharged.

Patient name:		NHS Number:	
Date of birth:		Address:	
M / F	Ethnic Origin:	Contact telephone number:	
Ward / Dept / Hospital:		Patient's GP:	
Patient's consultant:		Name:	
Contact / Bleep number:		Address:	
		GP informed? Y / N Date:	
Allergies / Intolerances (state reaction):			
Details of infection requiring referral (Please give details of washouts, debridements, drainage, retention, removal or replacement of prosthetic components, & other relevant surgery including dates):			
Relevant Microbiology (please include positive & negative culture results from all deep tissue samples)			
Date of specimen	Type of specimen including type	Results	Relevant sensitivities (S=sensitive, R=resistant)
Antibiotics administered previously for the above infection (please include start & stop dates):			

Current treatment plan

Name of Antimicrobial	
Dose	
Route	
Frequency	
Method of administration e.g. bolus / infusion	
Duration of infusion (in minutes, if applicable)	
Diluent	
Type and amount of flush (if applicable)	
Start date	
Stop / review date	
Date TTOs dispensed	

Please include a new drug chart for the patient to take with them on discharge which details all medication to be administered by the community nursing team as stated **above AND prescribe flush & diluents.**

If referral for more than one agent, please discuss with Microbiology before referral.

Date of referral:	Date discharged from acute care:	Housebound or Mobile:	Date of assessment by SMCS:	Reason for referral refusal:

Please note that this referral will not be accepted unless all sections are completed

Please also note that:

- The patient remains the clinical responsibility of your team whilst having medication administered by the Merton adult services community nursing team.
- You must ensure appropriate outpatient follow up to review the underlying condition and antibiotic requirements, and be prepared to review &/or admit the patient if there are any complications.
- Close links should be maintained with the Merton adult services community nursing team following discharge of your patient if there are changes in antibiotic therapy or line removal.
- You will be required to write prescriptions for all medication including flushes and diluents before the patient is discharged from acute care.
- Prescriptions must be screened by a pharmacist and dispensed in full (with necessary flushes and diluents). **Prescription charts must be faxed to the Merton SPA and the original copy sent with the patient to allow nurses to administer promptly.**

Print a copy, sign and date, then fax to the Merton adult services SPA at 0300 008 2122 and file original in patient's notes.

Signature:	Print name & Designation:	Contact number:	Date: