## **SBAR Referral for Outpatient Parenteral Antibiotic Therapy (OPAT)**

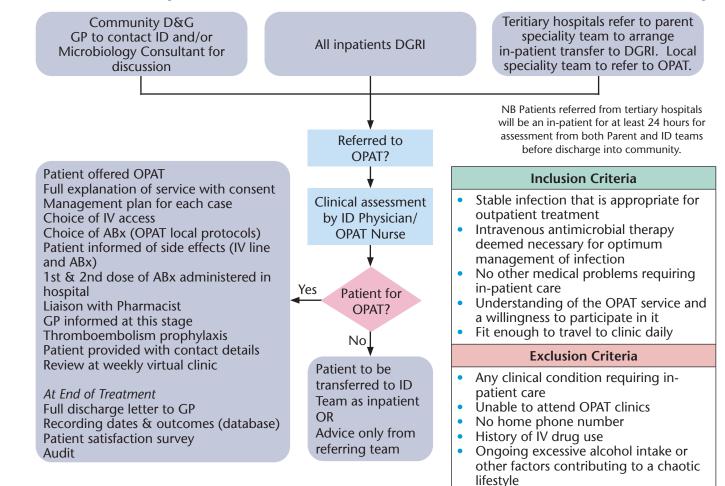


Referring Consultant remains responsible for care outwith OPAT

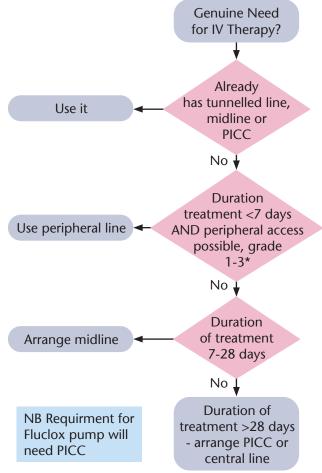
Patient Details F			Referring Consultant	Referring Consultant	
Name			Name		
CHI Number			Phone Number		
Address:			Date Referred		
			Prop discharge date		
			-		
Phone Number					
	Diagnosis: (Please continue on a separate sheet if required):				
6					
S	Operation & Date (if applicable):				
	Relevant Past Medical History including allergies:				
В					
			1		
	Antibiotic History	Start Date	Stop Date	Microbiology & Sensitivity	
A					
	Antibiotic Plan:				
	Has plan been discussed with Infectious Disease Consultant/Microbiology and if so, who?				
	Which antibiotic is to be administered by OPAT and for what length of time?				
D					
R	Does patient have IV access? Y I N I If duration to be longer than 7 days, can IV access (PICC/midline) be organised?				
	NB Please see IV Access Flowchart on reverse of this form.				
	Plan for switching to oral antibiotics and when.				

Referring doctors in first instance please email dg.opat@nhs.scot OPAT Team: Dr S. Irvine; Senior Nurse Specialist (OPAT) S Buchan; Nurse Specialist (OPAT) A Morris; Nurse Specialist (OPAT) K Collins

## Patient Pathway for OPAT Services in NHS Dumfries & Galloway



## **IV Access**



## \*Grade of Veins

Grade	Vein Quality	Defnition of vein quality	Insertion management
1	Excellent	4-5 palpable/visible veins suitable to cannulate	Cannula may be inserted by trained/authorised health care practitioner
2	Good	2-3 palpable/visible veins suitable to cannulate	Cannula may be inserted by trained/authorised health care practitioner
3	Fair	1-2 palpable/visible veins suitable to cannulate. (Veins may be small, scarred or difficult to find and require heat packs to aid vasodilation)	May require infrared viewer or ultrasound
4	Poor	Veins not palpated/visible (requires ultrasound assistance or infrared viewer)	Cannula to be inserted by an expert in cannulation. Use infrared viewer, ultrasound, transillumination or other aids
5	None identifiable	No visible (naked eye or aids) or palpable veins	Not for peripheral cannulation