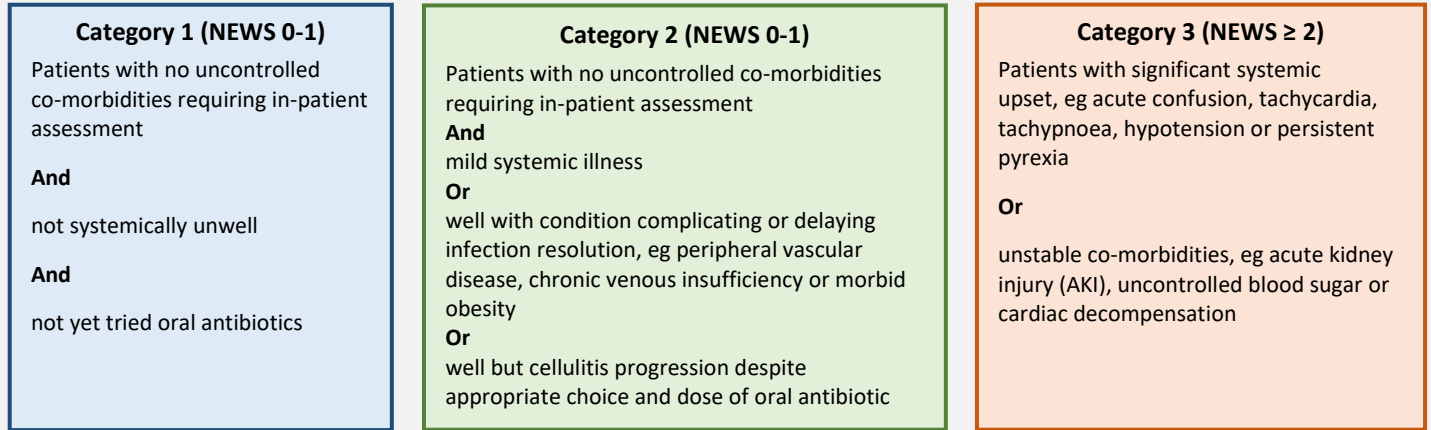


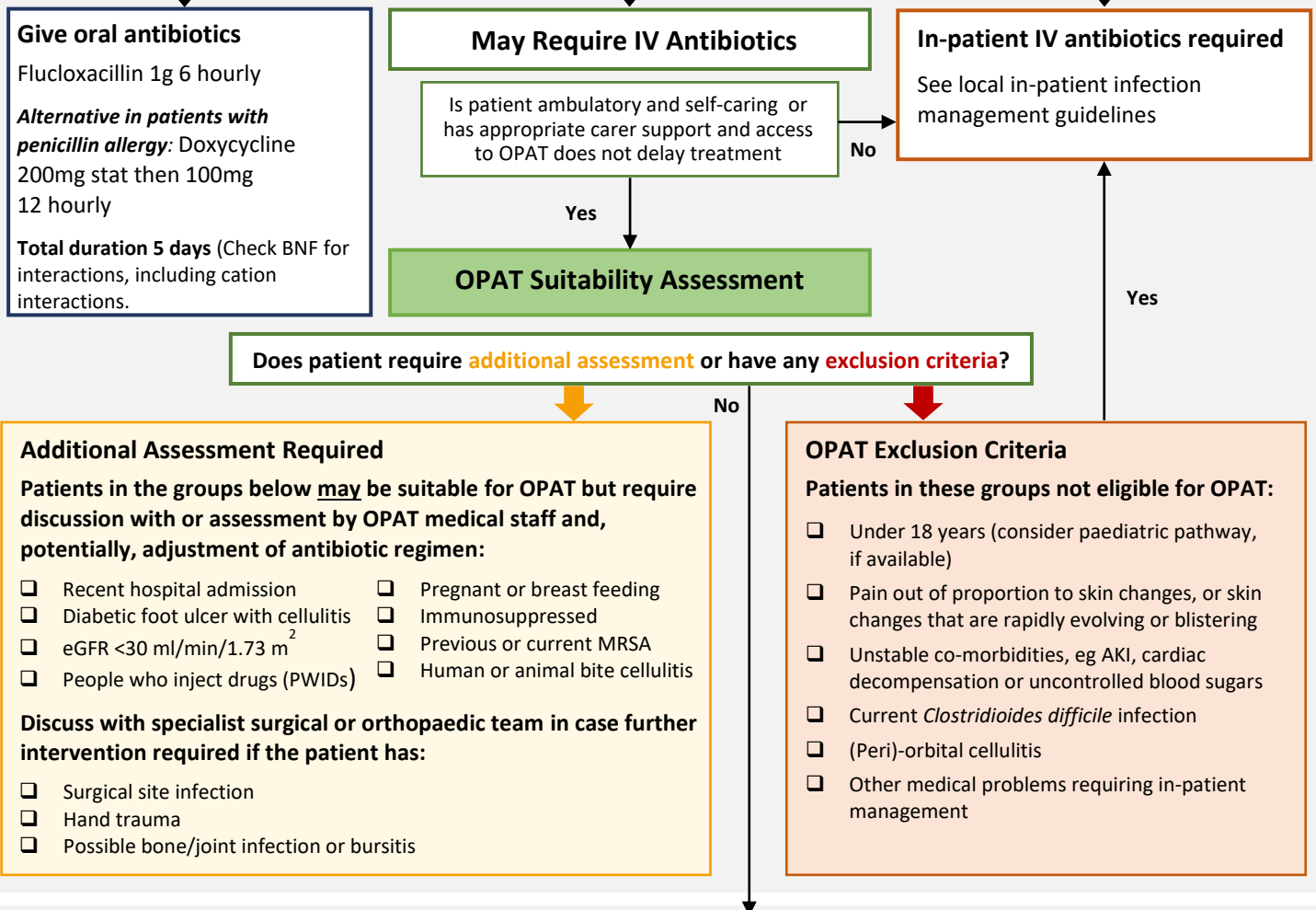
Affix patient label

Location	ED	CAU
Date		
Time		
Responsible Consultant		
Contact no and signature of assessor		

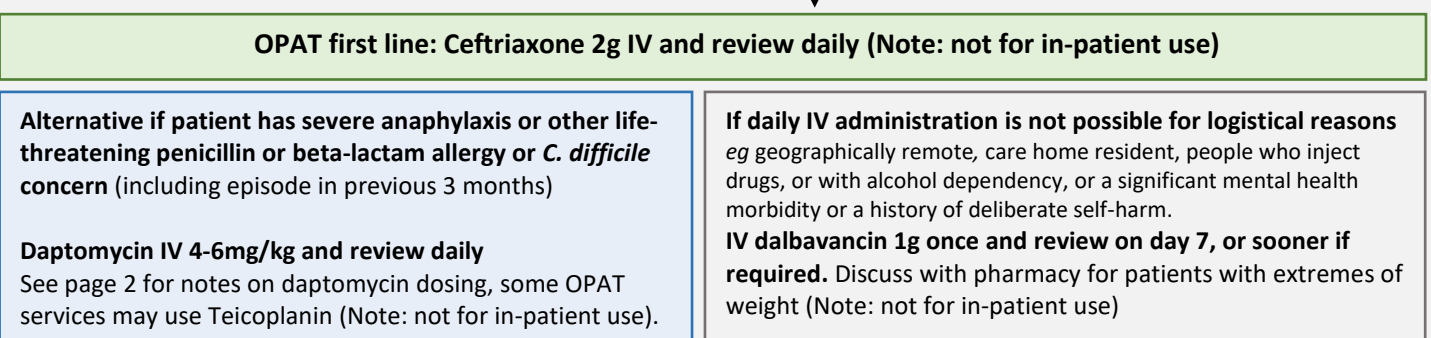
Severity Assessment



OPAT Suitability Assessment



Treatment



1. If any criteria below, discuss with duty ID consultant or duty microbiologist	Yes	No
Recent hospital admission		
Diabetic foot ulcer with cellulitis		
Pregnant or breast feeding		
Immunosuppressed		
eGFR <30 ml/min/1.73 m ²		
Previous or current MRSA		
Human or animal bite wound		
Fresh or seawater exposure		
People who inject drugs (PWIDs) or other concern about lifestyle or mental health		
SSTI over a joint, hand trauma or surgical site – arrange review by orthopaedic or surgical team		
Start empirical treatment as per hospital antibiotic guidelines.		
Do not continue with triage document until further advice is given by infection specialist.		

2. SSTI Category 2, no criteria in steps 3 and 4 identified, suitable for direct access OPAT	Yes	No												
<p>No penicillin allergy No concern about <i>C. difficile</i></p>														
<p>Administer IV ceftriaxone 2g stat via 30 minute infusion and observe for 30 minutes.</p>	<p>Life threatening penicillin allergy If unsure discuss with infection specialist</p> <p>Administer IV daptomycin stat via 3 minute injection or 30 minute infusion and observe for 30 minutes.</p> <table border="1"> <tbody> <tr> <td>Body weight (kg)</td> <td>6mg/kg dosing rounded to nearest vial</td> </tr> <tr> <td>< 59</td> <td>350mg</td> </tr> <tr> <td>59 – 83</td> <td>500mg</td> </tr> <tr> <td>84 – 117</td> <td>700mg</td> </tr> <tr> <td>118 – 142</td> <td>850mg</td> </tr> <tr> <td>>142 kg</td> <td>discuss with pharmacy</td> </tr> </tbody> </table> <p>Check baseline creatine kinase (CK) and highlight pulmonary eosinophilia risk.</p>	Body weight (kg)	6mg/kg dosing rounded to nearest vial	< 59	350mg	59 – 83	500mg	84 – 117	700mg	118 – 142	850mg	>142 kg	discuss with pharmacy	
Body weight (kg)	6mg/kg dosing rounded to nearest vial													
< 59	350mg													
59 – 83	500mg													
84 – 117	700mg													
118 – 142	850mg													
>142 kg	discuss with pharmacy													

3. Complete checklist below	Yes	No
Senior clinician in ED or CAU agrees with same day discharge to OPAT		
Patient understands and consents to outpatient treatment with OPAT		
Patient understands and knows what to do if symptoms worsen		
Patient phone number and contact details are correct on Portal		
Baseline bloods including U&Es, CRP, LFTs, FBC, blood cultures and CK (if relevant) done and results reviewed		
All borders of SSTI marked clearly		
Examine both feet for tinea pedis. If present treat with Miconazole nitrate 2 % cream twice daily for 7 days until all symptoms and signs have disappeared		
Pain controlled		
Assess VTE risk, administer dalteparin thromboprophylaxis if necessary		
First dose of antibiotic given		
Complete paper Kardex and prescribe relevant IV antibiotic +/- thromboprophylaxis for next 48 hours. Attach Kardex to OPAT folder.		
PVC bundle completed. Attach to OPAT folder.		
Cannula covered with soft bandage. Explain to patient on how to keep dry.		
All discharge medication explained		
OPAT contact details given to patient		
Explain to the patient to attend Bay 1 outpatients at 2pm (Mon-Fri)		

4. Complete referral to OPAT
<p>Check that all sections of this document are complete. Scan and email to dg.opat@nhs.scot. Between 0800-1600 Monday to Friday and 0900-1200 call OPAT duty nurse on 33891, 33111 OR 33976 to discuss referral in person also.</p>