

# Metropolitan Referral Unit

## Intravenous Antibiotic Therapy with SA Community Care – GP Referrals

### Hospital Avoidance

This fact sheet has been developed to assist General Practitioners in referring clients to SA Community Care for Intravenous Antibiotics to support immediate hospital avoidance.

SA Community Care is an SA Health model of care that enables patients to continue to have their care in the home environment. This service is most commonly accessed by General Practitioners and Residential Aged Care facilities as a Hospital Avoidance solution.

### Eligibility Criteria

Requirements for Intravenous Antibiotics administration in the community	Exclusion criteria for Intravenous Antibiotics administration in the community
<ul style="list-style-type: none"> <li>• Clients who are considered at low risk of complications when receiving intravenous management in the community.</li> <li>• Nil or Minimal cognitive impairment and willing to have care in community.</li> <li>• Clients will need to have a phone and transport available.</li> <li>• GP is agreeable to oversee patients care in the community setting whilst admitted to the program</li> <li>• A current medication authority that meets all legal requirements, to enable a community nurse to administer medications for the entirety of service. Changes to routine can be communicated to MRU, with a new medication authority.</li> <li>• Patent Intravenous peripheral vascular access device (VAD) or PICC line. VAD can be inserted and changed by the community nurse as required.</li> <li>• Bolus administration or infusions can be arranged up to TDS (BD preferred for patient convenience)</li> <li>• For long term IV therapy: consider use of Elastomeric Pumps (Baxter™) to support patient comfort, mobility and independence.</li> </ul>	<ul style="list-style-type: none"> <li>• Clients who have numerous other unstable medical conditions requiring a higher level of care and supervision than can be provided by intermittent visits from a Registered Nurse in a community setting</li> <li>• Clients with significant cognitive deficit or high levels of agitation that may impact on patency of Intravenous / Peripheral vascular device.</li> <li>• Patients with a history of allergies and adverse drug reactions where first dose has not been administered by a medical officer.</li> <li>• Patients avoiding private hospital admission</li> <li>• <b>Note:</b> Recent or current history of aggressive behaviour, Alcohol or Drug Abuse <i>may</i> preclude patient from this service. We need to ensure the home environment is safe for a clinician to access. A supplemental Risk Assessment from referrer may be required if this is identified as an issue. This form can be found on website <a href="http://www.sahealth.sa.gov.au/MRU">www.sahealth.sa.gov.au/MRU</a></li> </ul>



## Referral process for Intravenous Antibiotics

### **You will need to:**

- Complete a MRU Referral Form. Include as much relevant information as possible as your referral creates the 'care plan' for the communication of clinical care requirements to community based clinicians.
- Provide a valid Medication Authority that fulfils all legal requirements to enable the Registered nurse to safely administer all medications.
- Ensure no allergy to prescribed medication.
- Provide the client with a prescription for the medication and ensure supply available from chemist as we do not provide the medications.
- Arrange a follow-up appointment with the client.
- Ensure the client has a management plan to deal with increasing symptoms or complications.
- For **cellulitis**, mark around the area of cellulitis, for future assessment. Follow-up appointments at 72 hours to be arranged with clinic. GP to be available for nurse to contact.

### **Complete the Referral Form including the following information:**

- ✓ Specify date of insertion of Vascular access device if have inserted.
- ✓ If Vascular access device not in place please indicate that insertion required.
- ✓ Follow-up appointment/medical review date and any written information required to be provided by community clinician at these appointments.
- ✓ Plan for transitioning off IVABs and any other relevant clinical information (ie presence of infection, anticoagulation therapy).

Fax the referral form to the MRU and await service confirmation (within 1 hour). The Metropolitan Referral Unit will arrange a service with the provider of SA Community Care.

Please Contact the Metropolitan Referral Unit team if you wish to discuss individual's needs and eligibility for this service.

**Metropolitan Referral Unit**  
**Telephone: 1300 110 600**  
**Fax : 1300 546 104**

For more information

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[www.sahealth.sa.gov.au/MRU](http://www.sahealth.sa.gov.au/MRU)

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