

## Metropolitan Referral Unit Fact Sheet

# Intravenous Antibiotic Therapy – Hospital Avoidance

SA Community Care helps to support immediate hospital avoidance by providing Intravenous (IV) Antibiotic treatment to eligible patients in their own homes, including residential aged care facilities.

This fact sheet has been developed to assist general practitioners, Residential Aged Care Facility nursing staff and other community health professionals to refer patients into the program as a hospital avoidance solution. All referrals must be directed to the Metropolitan Referral Unit.

### Eligibility criteria for intravenous antibiotic therapy with SA Community Care

Requirements for intravenous antibiotics administration in the community	Exclusion criteria for intravenous antibiotics administration in the community
<ul style="list-style-type: none"> <li>• Patients who are considered at low risk of complications when receiving intravenous management in the community.</li> <li>• Medications are not supplied by our providers. Prescribing medical officer to arrange a community supply with patient and family/carers and hospitals to provide medication stock at discharge.</li> <li>• Patients will need to have a phone to arrange appointments or a family member or carer to assist in coordination if they do not have a phone.</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. Name of the prescribing medical officer needs to be clearly written on authority with contact details.</li> <li>• Patent Intravenous peripheral vascular access device (VAD) or Peripherally Inserted Catheter (PICC) line and infusaport. VAD can be inserted and changed by the community nurse as required.</li> <li>• Bolus administration or infusions can be arranged up to three times a day, can be twice a day if preferred by the patient.</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>• Patients who have numerous other unstable medical conditions requiring a higher level of care, titration and supervision than can be provided by intermittent visits from a Registered Nurse in a community setting.</li> <li>• Patients 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>• Recent or current history of aggressive behaviour, alcohol or drug abuse may preclude patient from this service. We need to ensure the home environment is safe for a clinician to access. (A supplemental <a href="#">Risk Assessment form</a> from referrer may be required if this is identified as an issue.)</li> </ul>

## Referral process

### You will need to:

- > Complete a Metropolitan Referral Unit 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. Completed by a Medical Officer with name and contact details clearly documented.
- > Ensure no allergy to prescribed medication.
- > Provide the patient 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 patient.
- > Ensure the patient 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. General practitioners to be available for nurse to contact.

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

- > Specify date of insertion of vascular access device if the patient has one inserted.
- > If vascular access device is 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 IV antibiotics and any other relevant clinical information (e.g. presence of infection, anticoagulation therapy).

Send the referral form to the MRU and await service confirmation. The Metropolitan Referral Unit will arrange a home visit with a service provider of SA Community Care.

Forms and additional information can be found at: [www.sahealth.sa.gov.au/MRU](http://www.sahealth.sa.gov.au/MRU)

Please contact the Metropolitan Referral Unit team if you wish to discuss an individual's needs and eligibility for this service. The MRU is open 7 days a week between 8am-8pm.

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## For more information

**Metropolitan Referral Unit**  
**Integrated Care Systems**  
**Department for Health and Wellbeing**  
**Telephone - 1300 110 600**  
**Email – [Health.MRU@sa.gov.au](mailto:Health.MRU@sa.gov.au)**  
**[www.sahealth.sa.gov.au/MRU](http://www.sahealth.sa.gov.au/MRU)**

