

Outpatient Antibiotic Therapy (OPAT)



Rainbow Clinic

Patient Summary

Affix Patient ID label or Insert details here:

Name:

Healthcare Record Number:

Date of birth:

Address:

Contact Tel:

OPAT Clinic Date:

Diagnosis:

1. _____

2. _____

Microbiology: _____

Patient Weight: _____

Surgery

No

Yes

Dates : _____

Antimicrobial	Dose	Route	Frequency	Start	Stop

Estimated total duration of IV antibiotic therapy: _____

Date of insertion:

PICC removed: Yes / No

Date Removed:

Site of insertion:

IV Access:

PICC

Cannula

Other: _____

Weekly Dressing/Bionector Change:

OPAT Type Self

Nurse

Day unit

Local Hospital

Comments:

Call with questions or concerns: 01-4096654 or Main Switch 01-4906100

Signed by Dr _____ Bleep 426
IMCN...

Signed by CNS _____ Bleep 543.
NMBI Pin _____

Created by: Cathy Hopkins CNS, Dr Patrick Gavin, Amanda Walsh

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Original to GP and copy to chart