

## INDICATIONS FOR

# Outpatient Parenteral Antimicrobial Therapy (OPAT) at AIC

Oral antimicrobial therapy is adequate for most infections when the causative organisms are known or likely to be susceptible to oral agents and the patient is able to tolerate food/has normal gastrointestinal function. In hospitalized individuals with severe infections initial IV therapy is often warranted with subsequent transition to oral therapy to complete the treatment course.

Because **OPAT** therapy is frequently associated with complications (phlebitis, deep venous thrombosis and bloodstream infections) and can be costly for many individuals, every effort should be made to complete IV antibiotics or transition to oral agents in hospitalized patients prior to discharge.

The following guide was created by SOMC's Antimicrobial Stewardship Team for antibiotic therapy guidance in the outpatient setting and intends to capture the majority of appropriate indications for **OPAT**. For specific guidance on indications that fall outside of the indications below a consultation with Infectious Diseases (ID) is recommended.

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### ENDOVASCULAR INFECTIONS

(bacteremia, catheter-related bloodstream infections, cardiac device infections, infective endocarditis)

*OPAT often indicated*

Data limited to make general recommendations about oral treatment for endovascular infections.

Emerging data suggest that under select circumstances, gram-negative blood stream infections and some cases of infective endocarditis may be treated with oral antibiotic therapy.

The decision to use oral agents for definitive therapy for an endovascular infection should always be made in consultation with ID.

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### BONE AND JOINT INFECTIONS

*OPAT may be indicated*

Mounting evidence supports the equivalence of oral vs. intravenous antibiotics for bone and joint infections. IV therapy may be appropriate in select patients.

### SURGICAL SITE INFECTIONS (SSI)

*OPAT may be indicated*

Patients with SSI involving the GI tract, female GU tract, or perineum who have culture data showing organisms susceptible to oral agents can generally be switched to oral therapy.

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### INTRAABDOMINAL INFECTIONS (IAI)

#### **WITHOUT adequate source control**

*OPAT may be indicated*

These infections are often highly complex and such individuals generally benefit from ID consultation to assist with length of therapy.

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### INTRAABDOMINAL INFECTIONS (IAI)

#### **WITH adequate source control**

*OPAT NOT routinely indicated*

Patients with uncomplicated IAI who receive adequate source control (e.g. washout and repair of perforated appendicitis, percutaneous abscess drainage) can be treated with a short, 4-5 day course of antimicrobials. Oral treatment options may be considered to complete therapy when appropriate.

## **SKIN AND SOFT TISSUE INFECTIONS (SSTI) EXCLUDING SURGICAL SITE INFECTION**

**OPAT NOT routinely indicated**

*SSTI: no available data to indicate*

*IV therapy better than oral*

For non-purulent SSTI: target with an oral agent active against streptococci and MSSA (dicloxacillin, cephalexin, cefadroxil).

For purulent SSTI or severe/recalcitrant non-purulent SSTI: target with an oral agent active against MRSA (trimethoprim-sulfamethoxazole or doxycycline (first line) or linezolid (second-line). Diabetic foot infections (DFI) +/- osteomyelitis: individuals who have improved on IV therapy during a hospital stay can oftentimes be considered for oral agents targeted to microbiologic data with a similar spectrum to complete therapy.

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## **LOWER RESPIRATORY TRACT INFECTIONS**

**OPAT NOT routinely indicated**

### **Community Acquired Pneumonia (CAP)**

In hospitalized patients with clinical improvement on empiric IV therapy and ready for discharge, use targeted therapy based on microbiologic data and consider switch to oral agents with similar spectrum to complete 5 days of therapy.

### **Hospital Acquired and Ventilator Associated Pneumonia (HAP/VAP)**

In hospitalized patients with clinical improvement on empiric IV therapy and ready for discharge, use targeted therapy based on microbiologic data or complete the empiric IV antibiotic course as inpatient (expected length of therapy, 7 days).

## **URINARY TRACT INFECTION (UTI)**

**OPAT NOT routinely indicated**

Confirm clinical presentation reflects true UTI rather than asymptomatic bacteriuria.

For UTI due to multidrug resistant organisms: (ex. ESBL-producer with resistance to quinolones and trimethoprim-sulfa), if no pyelonephritis and no bacteremia, may consider oral nitrofurantoin or fosfomycin. IM ertapenem may be considered if other treatment options are unavailable and remaining course is short.

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For additional guidance in selecting antibiotic therapy based on underlying infectious syndrome, see the following guidelines and SOMC Antimicrobial Stewardship Program guidance document:

- <https://www.idsociety.org/practice-guideline/outpatient-antimicrobial-parenteral-therapy/#null>  
<https://www.wikiguidelines.com/osteo>
- <https://www.idsociety.org/practice-guideline/community-acquired-pneumonia-cap-in-adults/>
- [https://www.idsociety.org/practice-guideline/hap\\_vap/](https://www.idsociety.org/practice-guideline/hap_vap/)
- <https://academic.oup.com/cid/article/68/10/e83/5407612?login=false>
- <https://employees.somc.org/LinkClick.aspx?fileticket=F65vwtxp1l4%3d&portalid=0>

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