SCOPE: National

ACCEPTANCE TO HATH CRITERIA AND PATHWAY

RED Unsuitable for community admission to HATH. Refer to ED/ Inpatient management. (May become suitable for HATH after inpatient stabilisation)	• Under 16 years old • Pregnancy
ORANGE Requires discussion with Medical Governor and/or Haematologist prior to acceptance.	• Patients with known renal impairment may be accepted at the discretion of the ID Physician but need a plan for enhanced monitoring.
GREEN Accepted for HATH protocol.	• Suitable for care in the home environment. • Serious infection requiring CI vancomycin (no better alternative treatment). • Completed stabilisation of infection management in hospital. • Ongoing governance by an Infectious Diseases Physician.

AT TIME OF REFERRAL, THE FOLLOWING WILL BE REQUIRED:

1. Request a Discharge summary, including details relating to:
   - Site of infection and causative organism, if known.
   - Course of treatment to date, including blood results <48 hours before discharge; U&E, Vancomycin level, FBC, LFT and CRP.
   - Past medical history and medication list with particular attention to potential for renal impairment (e.g. Diabetes, heart failure, diuretics, ACE inhibitors etc.).
   - Target Vancomycin range.
   - Name and contact number for medical governor.
2. A blood test request form for Creatinine and Vancomycin level to be performed within 48 hours after discharge, even if completed within previous 48 hours.
3. Obtain medical governance name and contact number.

MONITORING

Blood tests of FBC, creatinine and vancomycin levels should be performed within 48 hours after discharge and at least weekly, thereafter, to detect development of vancomycin related neutropenia, nephrotoxicity, inadequate or potentially toxic drug levels.

- Medical governor may also require full U+E, LFT, CRP.
- Patients at high risk of nephrotoxicity or those with known renal impairment may require more frequent blood tests.
- Medical review should occur at least weekly.
- Ideally, blood tests should be performed 24 – 48 hours prior to medical review so that results are available at the medical review.
- Nursing care as per clinical pathway.
- Bloods should be taken as early as possible in the day, marked urgent, and results should be **followed up on the same day by the nurse responsible for connecting that day's infusion device**.
- If results are not yet available at the connection time that day, the new device should be connected at the existing dose. Do not delay re-connection or stop the infusion to wait for results.

DOSE CHANGES

For results in the target range of 15-25 mg/L, the existing dose prescription may continue.

Results outside this range should be discussed with the Medical Governor. Levels under 15mg/L and up to 25mg/L may not require a dose change, depending on the site and nature of the infection. Patients with levels >25mg/L should have their infusion stopped as soon as possible after the result is available (on the same day as blood taken), unless discussed with the ID Physician who holds governance and further vancomycin withheld until a lower dose infusor can be prescribed and provided (usually the following day).

Dose changes should be effected within 24 hours of the blood test.