

CF Guidelines - Home I.V. Antibiotics

Home I.V. Antibiotic Treatment in Cystic Fibrosis:

The following should be considered when assessing how well a family will manage home IV antibiotic therapy:

- Age of child/patient.
- Family circumstances, employment, support, accommodation,
- Type of IV access – i.e. Longline or Portacath. Peripheral cannulae are considered unsuitable except in exceptional circumstances. It is important to consider how 'stable' the access device is.
- Adherence to treatment and co-operation of child/patient
- Type of treatment to be administered.
- How arduous is the regime.
- Does it require family to make up medication?
- Does it involve multiple drug administration and how/what frequency?
- Have the family/patient previously managed IV treatment at home? How long ago was it?

Ordering of Home I.V. Antibiotics:

Home IVAB treatment is currently provided by Bupa if available. Medication and ancillaries are ordered through their main office by the CF nurse. Medication regimes will need to take into account the stability of the drug to be administered and the frequency of the drug. Bupa currently need at least 24 notice to get prescriptions out to the families. If the family/patient express an interest or it is felt appropriate to offer the service, planning and teaching for home IVAB can be initiated. The child/adult should be admitted to the ward initially to begin training for the patient and/or their family. It is important not to underestimate the commitment and hard work required by the patient/family wishing to undertake IV's at home. There is also a nursing commitment on the part of the CF nurse which must be considered.

Training of Patients, Parents and Carers:

Where home management has not previously happened or has been infrequent, the child/adult is admitted to the ward to begin treatment. It is the duty of the ward staff to train patients/carers how to administer the treatments with support from the CF nurse, with a named person responsible for assessing progress. Training should be undertaken using the device systems supplied by healthcare at home. It is the responsibility of the CF nurse to ensure that sufficient supplies are available. The appropriate protocol and checklist must be used when teaching patients/families how to administer treatment. The patient/family must demonstrate a clear understanding and ability to undertake the treatment before going home. Reassessment may be necessary, particularly if IV courses are infrequent.

Home IV Antibiotic Treatment:

- At the beginning of a Home IV antibiotic course the patient and their carer will attend the ward for the first 24 hours, unless it is the first course of home IVAB's when the patient and/or family will follow a teaching programme on the ward until they have been assessed as competent to be discharged.
- During the admission all usual CF care should be given including, height, weight, lung function testing, oxygen saturations and sputum samples obtained. The patient is usually discharged following having aminoglycoside levels taken if needed.
- Alternatively the child/patient may visit the CF clinic for the 1st dose of IVAB treatment. The patient can then be discharged home following all usual CF care

as per inpatient management. Arrangements should be made with the CF nurse for pre 2nd dose aminoglycosides.

- Once the patient is discharged this care should be continued. The CF nurse should visit the family home at least once (usually mid way through course) to monitor the effectiveness of the treatment. Lung function measured, oxygen saturations, and drug levels taken if indicated. If the CF nurse is unable to visit for any reason the patient should return to the ward as a ward attender for these procedures.
- The CF nurse will also visit at the end of the two weeks to assess the patients' condition. A sputum sample should be obtained, lung function measured, oxygen saturations and the port-a-cath needle removed and flushed with 100 units/ml heparin saline.

Other Considerations:

- Home IVAB treatment should not mean that other aspects of care of neglected. Regular monitoring of the patient's progress should be undertaken as per inpatient management. This should include sputum specimens/cough swab, spirometry, oxygen saturations, drug levels and overnight oxygen recordings if deemed necessary. These can all be carried out in the home environment.
- It is important that the patient and family are advised about physiotherapy and diet during home IVAB treatment. Home physiotherapy visits may be arranged during treatment.
- Patients should be advised on the safe storage of the medication and the disposal of sharps.
- Patients should be made aware of the signs and symptoms of drug reactions or anaphylaxis and what to do in the event of these.
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