Community IV Program (CIVP) Package

The following forms/documents are contained in this envelope:

- Community Intravenous Program (CIVP) Clinic Referral for IV Antibiotic Therapy Outpatient Fax Referral Form & Cover Sheet (Form # NS00985)
- Community IV Program Fact Sheet (Form # W-00276)
- What You Need to Know: Community IV Program Community IV Clinic (Form # NS00991)
- Emergency Program: Standing Orders for Adult Outpatient IV Antibiotics (Form # NS00992)

The Winnipeg Regional Health Authority Home Care Program

Community IV Program Fact Sheet

Client independence **Evidence based care** **User-friendly service**

What is the Community IV Program?

The Community IV Program (CIVP) is a Home Care Service for people who need antibiotics intravenously (IV/by vein) in a clinic setting or at home. The program provides treatment and support through a health care team of nurses, pharmacists, Infectious Disease doctors and support staff.

Who is CIVP for?

CIVP is for people who:

- Are referred by a hospital Inpatient Unit or Emergency Department
- Have an infection that requires IV antibiotic treatment
- Are well enough to be managed in the community
- Have a stable IV line that can be managed in the community

What Can I Expect?

If you are referred to CIVP, the team will:

- Assess your needs, abilities and supports
- Develop your treatment plan
- Ensure you are seen by the Infectious Disease doctor
- Teach you how to give your IV antibiotics ***or***
- Give you your IV in a Community IV Clinic ***or***
- If you cannot get to the clinic due to your condition, give the IV in your home until you can get to the Community IV Clinic
- Provide wound care, if needed
- Offer personal or phone support (16 hours/day)
- Monitor your treatment and progress
- Coordinate your care

How to Contact the Community IV Program?

If you are referred to the CIVP, you will receive contact details for CIVP or a Community IV Clinic.

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Programme communautaire de soins intraveineux - Feuille de renseignements

Autonomie **soins factuels** **service convivial**

En quoi consiste le Programme communautaire de soins intraveineux?

Le Programme communautaire de soins intraveineux (PCIV) est un service de soins à domicile offert aux personnes qui doivent prendre des antibiotiques par voie intraveineuse (injection à l'intérieur d'une veine) dans une clinique ou à la maison. Le programme assure les soins médicaux et les services de soutien par l'entremise d'une équipe de soins de santé se composant d'infirmières, de pharmaciens, de spécialistes des maladies infectieuses et d'employés de soutien.

À qui s'adresse le PCIV?

Le PCIV s'adresse aux personnes qui :

- lui sont dirigées par une unité de patients hospitalisés ou par le service d'urgence d'un hôpital;
- ont une infection nécessitant l'administration d'antibiotiques par voie intraveineuse;
- se portent assez bien pour être soignées dans la communauté;
- ont une ligne intraveineuse stable pouvant être gérée dans la communauté.

À quoi puis-je m'attendre?

Si l'on vous dirige vers le PCIV, l'équipe :

- évaluera vos besoins, vos capacités ainsi que l'aide et les moyens dont vous disposez;
- élaborera votre plan de traitement;
- veillera à ce qu'un spécialiste des maladies infectieuses vous voit;
- ***soit*** vous enseignera comment vous administrer vos antibiotiques par voie intraveineuse;
- ***soit*** vous administrera vos antibiotiques dans une clinique communautaire de soins intraveineux;
- ***soit*** vous administrera vos antibiotiques à votre domicile jusqu'à ce que votre état de santé vous permette de vous rendre à la clinique communautaire de soins intraveineux;
- soignera vos plaies, s'il y a lieu;
- vous offrira des services de soutien en personne ou par téléphone (16 heures par jour);
- surveillera vos soins et les progrès;
- coordonnera vos soins.

Comment prendre contact avec le Programme communautaire de soins intraveineux?

Si l'on vous dirige vers le PCIV, on vous remettra ses coordonnées ou celles d'une clinique communautaire de soins intraveineux.

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What you need to know:

COMMUNITY IV PROGRAM (CIVP)

Phone: 204-789-7101 **Fax: 204-233-0086**

WHAT IS THE COMMUNITY IV PROGRAM?

CIVP program provides infusion services in the community setting. Any wound care or additional nursing care associated with the IV therapy will also be done during your visit.

The clinic nurses work with clients and families to promote supported independence with care. The CIVP team will begin teaching you and/or your caregiver to give the IV treatment.

INFECTIOUS DISEASE PHYCIANS

If you were referred through an emergency department or an urgent care with an infection, you will be seen by an infectious disease (ID) physician at CIVP Infusion Clinic at Misericordia Health Centre. Together, the CIVP interdisciplinary team will assess, plan your treatment, and follow your progress.

If you were referred through the hospital as an in-patient, or through out-patient ID services, an ID physician has already assessed and recommended a treatment course for you, and will follow your progress.

WHAT TIME DO I GO TO THE CLINIC?

All referrals for IV therapy are sent to the CIVP Infusion Clinic at Misericordia Health Centre. Your infusions will be provided in the CIVP clinic located at Misericordia Health Centre. You will be provided appointments for your infusion location and ID appointments.

- If you were referred from an emergency department, urgent care, or Infectious Disease Physician out-patient clinic, you will receive a call from the staff before your next dose to give you an appointment time and location. Please come to the clinic at the time you are scheduled so you can receive your care promptly.
- If you were referred from a hospital in-patient unit, you will receive your appointment time and location while still in hospital, prior to being discharged.

WHAT HAPPENS WHEN I GET THERE?

When you arrive, report to the reception desk and tell the receptionist you have an appointment in the Community IV Clinic. The nurse will come to the reception area and bring you into the clinic for your treatment. Follow-up appointments will be made together with you and the CIVP team at the time of your clinic visit.

ABOUT THE CLINIC

The Community IV Program is for clients who need outpatient IV treatment. Appointments are granted by referral only. Clients are provided appointments that reflect their care requirements. Each clinic is staffed with nurses who have expertise in infusion therapy and wound care. A multidisciplinary team of ID physicians, pharmacists, nurses and an administration support team are located at Misericordia Health Centre to support the ID clinic portion of the program. The location is wheelchair accessible and has a drop off location at 99 Cornish Ave, as well as a parkade on Sherbrook St.

If you need to reschedule your appointment time or have any questions or concerns, please call the clinic at 204-789-7101

CIVP Infusion Clinic at Misericordia Health Centre

99 Cornish Ave
Winnipeg Mb,
204-789-7101

You may receive a phone call to ask about your experience at the clinic.

We welcome your opinions and ideas!

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Community IV Program (CIVP) Outpatient Referral Form Including Standing Orders For Adult Outpatient IV Antibiotics

Client Health Record #
Client Surname
Given Name
Date of Birth
Gender
MFRN
PHIN
Address

Fax completed form to: 204-233-0086
Retain original on patient chart

ELIGIBILITY CRITERIA
For referrals from Winnipeg Regional Health Authority Emergency Department or Urgent Care only
Patients aged 17 years or older

REFERRING EMERGENCY DEPARTMENT OR URGENT CARE SITE: ☐ HSC ☐ SBH ☐ GH ☐ CH ☐ SOGH ☐ VH
Check to indicate Completed Forms Attached to Referral:
☐ Emergency Department / Urgent Care Triage Assessment form
☐ Emergency Record / Outpatient & Urgent Care Report
☐ Nursing Information (assessment data, documentation of medication administration)
☐ Other e.g. Labs, Imaging, Drug Program Information Network (DPIN)
Check to indicate Consultations made and Attached:
☐ Infectious Diseases
☐ Central Vascular Access
☐ Social Work
☐ Other

OUTPATIENT CARE CONSIDERATIONS (check all that apply)
☐ Patient has transportation to attend all treatment and follow up appointments (not applicable to Personal Care Home referrals)
☐ Patient has access to a phone. Phone number:
☐ Any safety concerns: e.g. behaviours, infestations at home, biological hazards (provide details or attach Safety Assessment Form Tool)
For patients without access to transportation:
☐ Patient instructed to call CIVP (204) 789-7101 between 08:00 - 23:00 to book an appointment
☐ Patient provided with transportation vouchers for the anticipated duration of treatment
For patients without access to a phone:
☐ *Referrals between 07:30 - 23:00* - Reserve CIVP admission appointment on patient's behalf by calling (204) 789-7101
☐ *Referrals between 23:00 - 07:30* - Direct patient to present to CIVP during a standing admission appointment time (check one): ☐ 07:45 ☐ 21:00
For patients without access to stable housing:
☐ Patient Referred to Alternative Integrated Accommodation
☐ Patient Referred to Main Street Project

Referral completed by _____ Date: _____ Time: _____
(Printed Name and Designation) (dd/mm/yyyy)

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Community IV Program (CIVP) Outpatient Referral Form Including Standing Orders For Adult Outpatient IV Antibiotics

Client Health Record #
Client Surname
Given Name
Date of Birth
Gender
MFRN
PHIN
Address

HEALTH HISTORY:

Referral Diagnosis: _____ Medication Allergies: _____
Body Weight: _____ kg Height: _____ cm

STANDING ORDERS: Baseline lab work is indicated. Check all others required

LABORATORY

	Order Description
■	Na, K, Cl, CO_2, Glucose, Creatinine, Urea, CK, CBC (Baseline lab work required)
☐	Blood cultures, x 2 sites
☐	Cultures (wound swab, abscess or joint aspirate): **specify**

MEDICATIONS AND/OR TREATMENTS

	Order Description	Dose	Route	Frequency	Special Instructions
☐	Ceftriaxone	2 g	IV	q24h x _____ days	
☐	Ertapenem	1 g	IV	q24h x _____ days	**Formulary Restrictions** CrCl greater than 30 mL/min
☐	Vancomycin (15 mg/kg/dose, rounded to the nearest 250 mg	mg	IV	q _____ h x _____ days	CrCl greater than or equal to 50 mL/min - q12h CrCl 15 to less than 50 mL/min - q24h CrCl less than 15 - ONCE, CIVP to adjust
☐	Other:				Please indicate companion oral prescription provided
☐	**Wound Care Orders (Practitioner to provide patient with prescription if applicable)**				
☐	Wound/erythema margins are outlined and/or measured				

DIAGNOSTIC IMAGING

☐ X-ray ☐ Computed Tomography ☐ Bone scan ☐ Other: *(specify)* _____
☐ Ultrasound ☐ Magnetic Resonance Imaging ☐ White Blood Cell (WBC) scan

CONSULTATIONS

	Order Description	Special Instructions Complete/attach required referrals
☐	Infectious Disease	**Mandatory Infectious Disease Consult BEFORE referral to CIVP for:** Resident of Long-Term Care facility Evidence of osteomyelitis Immunocompromised host Necrotic tissue Ulcer over 5 cm with yellow slough Suspicion of septic arthritis Recurrence of infection at same site within 3 months Infection at site or proximity to prosthetic device Bloodstream infection with *Staphylococcus aureus* or *Staphylococcus lugdunensis* Fungal bloodstream infection
☐	Central Vascular access	Consider if: Class III obesity Limited IV Access
☐	Social Work	As required
☐	Other: _____	As required

Date: _____ (dd/mm/yyyy) Time: _____

Transcriber signature (if applicable): _____ Printed Name and Designation: _____ Nurse Initials: _____

AND Prescriber signature: _____ Printed Name and Designation: _____

Client Health Record #
Client Surname
Given Name
Date of Birth
Gender
MFRN
PHIN
Address

GUIDELINES FOR STANDING ORDERS FOR ADULT OUTPATIENT IV ANTIBIOTICS

Purpose: To standardize and streamline medication orders for this patient population in Urgent Care and all Urgent Care/Emergency Departments in the Winnipeg Regional Health Authority.

Guidelines:

1. The Urgent Care/Emergency Department Practitioner initiates the Standing Order Sheet on all adult patients (17 years and older) requiring outpatient IV antibiotics.
2. Body weight is obtained by weighing the patient or is estimated from patient report.
3. Height is obtained by measuring the patient or is estimated from patient report.
4. Dosing is adjusted according to Creatinine Clearance results using the Quick Reference Chart below.
5. Wound care orders provided to CIVP if applicable:
   - 5.1 "Wound care as per CIVP Clinic nurse"
   - 5.2 Infectious Disease or Plastic Surgery specialist specific wound care orders
6. The orders are activated as per the Urgent Care/Emergency Department protocol.

CrCl Quick Reference Chart				
Age (years)	Serum Creatinine (micromoles/L) at which Estimated CrCl is LESS THAN OR EQUAL TO 50 mL/min		Serum Creatinine (micromoles/L) at which Estimated CrCl is LESS THAN OR EQUAL TO 10 mL/min	
	Males	Females	Males	Females
56-60	Greater than or equal to 45	Greater than or equal to 120	Greater than or equal to 740	Greater than or equal to 630
61-65	Greater than or equal to 135	Greater than or equal to 115	Greater than or equal to 700	Greater than or equal to 595
66-70	Greater than or equal to 125	Greater than or equal to 110	Greater than or equal to 650	Greater than or equal to 550
71-75	Greater than or equal to 115	Greater than or equal to 100	Greater than or equal to 610	Greater than or equal to 520
76-80	Greater than or equal to 110	Greater than or equal to 95	Greater than or equal to 565	Greater than or equal to 480
81-85	Greater than or equal to 100	Greater than or equal to 85	Greater than or equal to 520	Greater than or equal to 440
86-90	Greater than or equal to 95	Greater than or equal to 80	Greater than or equal to 475	Greater than or equal to 400
91-95	Greater than or equal to 85	Greater than or equal to 70	Greater than or equal to 430	Greater than or equal to 365
96-100	Greater than or equal to 75	Greater than or equal to 65	Greater than or equal to 385	Greater than or equal to 330

Legend:

Na - Sodium
CBC - Complete Blood Count
mg - milligram
g - grams
K - Potassium
CK - Creatine Kinase;
mL/min - milliliters per minute
Cl - Chloride
CrCl - Creatinine Clearance
cm - centimeter
CO_2 - Carbon Dioxide
kg - kilogram
IV - intravenous