



## **My Patient has Encephalitis – are they suitable for OPAT?**

You have decided that your patient is suitable for OPAT based on standard criteria. Now you must determine that your patient's condition is suitable for OPAT.

Encephalitis is often characterized by the rapid onset of fever, headache, seizures, focal neurologic signs, and impaired consciousness. Most patients are too sick to be discharged home until late in the course of their treatment. However the standard treatment course for a confirmed HSV encephalitis is 14-21 days of high dose acyclovir, so many patients may qualify for part of their treatment course to be in the form of OPAT.

A patient with Encephalitis should **not** be sent home on OPAT if any of the following are happening:

- Ongoing high fevers which might indicate an abscess
- Ongoing systemic upset with hypotension and tachycardia
- Any alteration in mental status. Unable to perform daily activities
- Ongoing seizure activity
- Any residual cognitive or physical disability that prevents the pt from following the OPAT guidelines, attending weekly appointments, being able to identify problems that may arise in the community e.g. line infection
- New Abnormal renal function that has not settled since admission
- An unclear diagnosis, with ongoing investigations pending e.g. HSV PCR negative, other investigations outstanding

The treatment duration for encephalitis is typically 14-21 days in immunocompetent patients. Patients with immunosuppressive conditions should be treated for 21 days minimum, and consideration given to long term prophylaxis. Please consult your local ID/OPAT/Microbiologist for advice.