



My Patient has Pylonephritis – 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.

Pylonephritis is a condition characterized by inflammation and infection affecting the kidney. There may or may not be concurrent medical conditions affecting the kidneys and this will be assessed during the course of the patient's illness. Many patients are systemically too unwell to be discharged home on day 1 of admission, however this may change after 48-72 hours of antibiotics.

A patient with Pylonephritis 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
- Concurrent renal pathology that is being reviewed by Renal/urology e.g. urinary tract stone
- New Abnormal renal function that has not settled since admission

The treatment duration for a Pylonephritis is typically 2 weeks depending on the clinical response. There will be protocols in your hospital for which antibiotics should be used in this setting. The antibiotic choice will be dependent on the microbiology results from your patients' blood and urine cultures, local antibiotic susceptibility tables, and the patients' prior history of urinary tract infections. There may be an oral option available for your patient. It is important to remember that quinolones e.g. **ciprofloxacin have excellent bioavailability and should not be given iv** unless there is a significant issue with GIT absorption. Please consult your local ID/OPAT/Microbiologist for advise.