**Opvolgdocument intraveneuze antibiotica therapie thuis (OPAT)**

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| **Gegevens patiënt** | |
| Naam Voornaam | Geboortedatum |

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| **Registratie antibiotica toediening** | | | | | | | | | | | |
| Datum  Tijdstip |  |  |  |  |  |  |  |  |  |  |  |
| Antibioticum  Dosis |  |  |  |  |  |  |  |  |  |  |  |

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| Registratie antibiotica toediening | | | | | | | | | | | |
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| Antibioticum  Dosis |  |  |  |  |  |  |  |  |  |  |  |

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| **Opvolging parameters, katheterzorg en complicaties** | | | | | | | |
| **Datum** |  |  |  |  |  |  |  |
| **Temperatuur** (2x/dag) |  |  |  |  |  |  |  |
| **Controle verband en insteekpunt van de katheter** (1x/dag) |  |  |  |  |  |  |  |
| **Spoelen van de katheter met fysiologisch water**  (PICK, veneuze poortkatheter) |  |  |  |  |  |  |  |
| **Nevenwerkingen AB** (1x/dag, zie molecuul specifieke fiche) |  |  |  |  |  |  |  |
| **Pijn (locatie en score)** |  |  |  |  |  |  |  |
| **Verbandzorg ter hoogte van de katheter**  (1x /week en indien het verband los, vuil, bloederig is) |  |  |  |  |  |  |  |