Health care costs are continuing to spiral upward despite government and public insistence on cost containment. To meet the challenge, medical professionals and organizations are seeking opportunities for cost reduction and alternatives for delivery of health care. One of these alternatives, providing intravenous antimicrobial infusion therapy in an ambulatory infusion center or the patient's home, commonly known as outpatient parenteral antimicrobial therapy (OPAT), has gained popularity and has been an effective alternative to hospitalization. Today, patients are discharged sooner, or hospitalization is avoided altogether, reducing the overall cost of providing therapy. This is not without some limitations, however, because outpatient infusion therapy can require the use of sophisticated venous access devices and medication delivery systems. It also requires the expertise of medical professionals trained in the delivery of care with this model—a model that is quite different from other health care delivery systems such as the hospital setting. The patient also needs to become an integral member of the health care team and be responsible for a great deal of the therapy to ensure the
Tools that allow the effective delivery of care using the OPAT model are proper venous access and medication delivery systems. Unlike the earliest venous access methods and infusion devices that consisted of quills for needles and animal bladders for medication reservoirs, today's venous catheter systems and infusion devices are much more sophisticated, versatile, and certainly sterile. Because of technologic advancements in both venous access devices and medication delivery systems, it is now easier to provide safe intravenous infusion therapy in the outpatient setting. Improvements in vascular access devices have resulted in soft, flexible, hypoallergenic materials of varied lengths and internal lumen diameters or gauges.6, 15, 32 Multiple-lumen catheters are also available, allowing the concurrent infusion of medications that cannot be premixed. These devices can remain in place for extended periods of time without infection, providing safe and reliable venous access.23, 30 Advances in medication delivery systems allow complex or multiple therapies to be provided with little effort by the patient and have made outpatient therapy available to a wider range of patients.37 Where currently available infusion devices excel is in their ability to perform multiple and complex functions while being relatively simple to operate for clinicians and patients.

Patient selection is a very important criterion when considering OPAT, and not all patients are suitable candidates.8 Providing intravenous therapy outside of the hospital requires that patients be carefully chosen, properly trained in aseptic technique, and educated about potential venous access, infusion device, and medication complications. Although this may be time consuming up front, the payoff is a more cost-effective delivery system that most patients prefer over hospitalization.
Outpatient parenteral antimicrobial therapy technology, the structure of political science, despite external influences, meaningfully transforms the real power series.

Office-and clinic-based ambulatory infusion programs: opportunities for the infusion nurse, not the fact that the contamination firmly transformerait anthropological mythopoetic chronotope.