

GUIDE

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Clinical Guidelines for Medical Respite Care: IV Antibiotics

2026



Introduction

Outpatient Parenteral Antimicrobial Therapy (OPAT), or the administration of intravenous antibiotics (IV antibiotics) and other antimicrobials, is a medical intervention used to treat serious infections by delivering medication through the bloodstream. Here, we focus on bacterial infections treated by IV antibiotics. IV antibiotics are recommended when there are no appropriate oral alternatives, or when the IV version is better able to reach and treat the infection. People experiencing homelessness are at a higher risk of developing conditions requiring treatment with IV antibiotics, such as endocarditis or osteomyelitis. Historically, many people who use drugs and/or are experiencing homelessness are not offered outpatient IV antibiotic treatment options, often due to concerns about instability and safety.¹² Medical respite care is a promising and effective approach to support people experiencing homelessness who are receiving IV antibiotics, often referred to under the umbrella of OPAT.³ Several studies have demonstrated that outpatient parenteral antimicrobial therapy can be successful in a supervised medical respite setting, including for people with remote or current substance use.⁴

This document provides guidance on addressing and supporting IV antibiotic treatment within the medical respite care setting. It is a partner document to [Supporting IV Antibiotics in Medical Respite Care Programs](#), a guide that includes program models, staffing support, and recommendations for developing policies and procedures.

Key Terms and Definitions

Antimicrobial Treatments refer to medications used to prevent and treat infectious diseases in humans. Antimicrobials include **antibiotics** – used to treat bacterial infections, **antifungals** – used to treat fungal infections, **antivirals** – used to treat viral infections, and **antiparasitics** – used to treat parasitic infections. In medical respite care, most people receiving long-term treatment for an infection will be treated with antibiotics.

Endocarditis refers to inflammation of the lining of the heart’s valves and chambers; it is most often caused by a bacterial infection.

Harm Reduction is a philosophical approach to medical care that extends beyond substance use and, in general, establishes individual agency and self-determination as central to any health intervention or efforts towards well-being. Harm reduction approaches call for the non-judgmental, non-coercive provision of services and resources to people experiencing homelessness to assist people in reducing the harms related to chronic health conditions or health behaviors. Harm reduction-based care is collaborative, provides education on available interventions, and centers the goals of the individual in care planning.

Intravenous Antibiotics (IV antibiotics) are antibiotics delivered directly into the bloodstream via intravenous access. Intravenous antibiotics are used in critically ill people and for infections that require intravenous administration.

Medication-Assisted Treatment (MAT) is the use of prescribed medications, often alongside behavioral health intervention or other supports, to treat substance use disorders. Medications used include [buprenorphine](#), [methadone](#), and naltrexone for the treatment of opioid use.

Osteomyelitis refers to an infection of the bone. Treatment includes long-term antimicrobial treatments and may include surgical removal of infected bone and related hardware, if in place (for example, prosthetic joints).

Parenteral is a term used to describe medications, food, or fluids that are administered to people in a manner that does not involve the gastrointestinal tract, so not by mouth or via the stomach. Parenteral can be used to refer to intravenous administration of medications, food, or fluids.

Peripherally Inserted Central Catheters (PICCs or PICC lines) are flexible intravenous catheters (tubes) that are inserted into a vein in the upper arm and go into a larger vein in the chest, ending just before the heart. PICC lines are often used long-term for intravenous medication infusion, typically remaining in place from several weeks to several months.

Peripheral Intravenous Access refers to intravenous catheters that are inserted into a small vein, usually in the hand or arm, and that are intended only for short-term use (usually up to three days).

Trauma Informed Care (TIC) is a patient-centered approach to care that recognizes the impacts of trauma and actively works to prevent re-traumatization and promote recovery. The principles of TIC are grounded in establishing a trusting relationship and a safe physical and psychological space in which to address needs.

Clinical Considerations

Background

Many factors can result in a person needing treatment for IV antibiotics. Endocarditis and osteomyelitis are two of the more common infections occurring in people experiencing homelessness, due to multiple risk factors. These risk factors include:

- Pre-existing cardiovascular conditions
- Substance use, especially intravenous drug use
- Diabetes
- Immunocompromised status, either from illness or due to treatments like chemotherapy
- Poor dental and gum health/dental and gum disease
- Older age
- Existence of wounds, especially diabetic foot wounds, deep wounds, or pressure ulcers

Many environmental and circumstantial factors affect a person's ability to manage conditions that may result in the need for IV antibiotics. These barriers often also impact the person's ability to manage IV antibiotic treatment in the community when experiencing homelessness.

- Decreased access to places to complete self-care and bathing
- Lack of access to spaces to complete wound care and cleaning
- Lack of a place to safely store medications and supplies
- Lack of access to harm reduction supplies or clean needles
- Decreased access to primary care or medications to manage chronic conditions
- Decreased access to dental care

Medical respite care can be an opportunity to:

- Access a stable environment to complete IV antibiotic treatment.
- Engage in supplemental services and supports (such as MAT) to address co-occurring needs.
- Receive care coordination to support engagement with health care providers to manage frequent or complex dosing and chronic conditions.
- Move towards housing to support overall health.

What Does Intravenous Antibiotic Treatment Entail?

The Basics:

- Intravenous (IV) antibiotics are delivered into the bloodstream in liquid form through intravenous access (an IV). For long-term IV antibiotic administration (typically anything ranging from 2 to 8 weeks), a peripherally inserted central catheter (PICC) is the most common IV type used.
- Antibiotics for IV administration are provided by a pharmacy based on the ordering provider's prescription. The medications typically come in a bag that is labeled with the drug's information. Most will need to be refrigerated; the pharmacy will provide information on storage and administration.

Infusion Frequency:

- The ordering provider's prescription will specify the amount of antibiotic to be administered, how frequently, and for how many days/weeks.
- IV antibiotics are usually administered one to two times daily. For medications that need to be administered more frequently (three or four times a day), medications could be administered via a portable infusion pump over 24 hours.

Caring for the Site:

- PICC lines are inserted in the hospital or an infusion center; they can be removed by a nurse or provider.
- PICC lines are typically secured in place using specialized adhesive products or sutures.
- PICC lines for use in the community or home usually have a single lumen, or line, with a clamp and a port/cap where the line can be accessed. The line should remain clamped and capped when not in use.
- The site where the IV goes into the skin is covered by a clear dressing. The dressing is changed by a nurse or provider every 7 days. The insertion site should be monitored daily to ensure the dressing is intact, the PICC remains in place (not coming out), and that there is no redness, drainage, or swelling where the line enters the body.
- The ports should only be accessed for the administration of medications or for lab draws.
- A special waterproof cover should be used to protect the PICC dressing site and lines when showering; it should not get wet.
- There are specific procedures to decrease infection risk when accessing the port to administer medications, draw labs, or change the dressing covering the insertion site. Using proper technique is essential to decrease infection risk.

Labs and Monitoring:

- When someone is receiving IV antibiotics, it is important to monitor how the body is responding to the medication. This is often done via labs or bloodwork.
- The ordering provider will indicate the lab work that is required and how frequently labs need to be drawn. The ordering provider and nursing or infusion team will monitor lab results and communicate regarding any needed changes or actions.

When to Seek Help:

- It is important to seek advice and use clinical judgement within one's scope of practice regarding when and how to respond to any issues with an intravenous line or administration of IV antibiotics.
- Seek help if:
 - The dressing covering the PICC comes off – seek help from nursing or infusion staff to assess the site and immediately replace the dressing, may need to use the emergency department.
 - The PICC line moves in or out from where it was originally placed – do not attempt to put the line back where it was, secure the line where it is with tape, and go to the emergency department or infusion center to have the line placement verified.
 - There are signs of infection: redness, swelling, or drainage at the insertion site or chills, fever, or signs of systemic infection – call the ordering provider or nursing/infusion team.
 - The line is blocked – call the nurse/infusion team, may need to visit the emergency department or infusion center.
 - The port has been used for anything other than administration or ordered medications – do not use the line before assessment or speaking with the nurse/ordering provider.

Advocacy

The infections that are treated with longer treatments of intravenous antibiotics are serious and can be life-threatening. Absent the possibility of medical respite care, people who do not have a stable or safe place to stay and who require longer-term courses of intravenous antibiotics often need to remain hospitalized for the entirety of treatment. This can be challenging for several reasons, including loss of mobility, community, and freedom, the inability to continue working with case management, behavioral health supports, and towards housing, and insurance coverage and cost. Among people experiencing homelessness, those who use drugs intravenously or who have a history of such use are both at higher risk of serious infections like endocarditis and osteomyelitis that require IV antibiotics and are more likely to be excluded from IV antibiotic therapy in the community, including medical respite settings.¹² Even a lack of stable housing alone can sometimes make inpatient teams hesitant or exclude someone from being prescribed the preferred treatment of IV antibiotics or necessitate a long hospital stay. While it is important to offer treatment options, including oral antibiotics if oral treatment is appropriate, housing status or substance use should not automatically exclude someone from their best treatment option.

Medical respite programs can actively advocate to hospitals that send them referrals that medical respite programs are able and equipped to manage people with IV antibiotic needs, including those with a history of or current substance use. Oftentimes, without advocacy, people with remote or current substance use will be excluded from referrals for community treatment altogether. There is an opportunity for medical respite programs to expand IV antibiotic treatment availability, including to people who might otherwise be excluded due to a history of substance use. This will create access that better reflects the communities of people experiencing homelessness.

Program Models

Medical respite programs utilize a range of program and staffing models to deliver care to people needing IV antibiotics, including:

- Programs in which medical respite nursing staff manage and administer IV antibiotics, including necessary lab draws and dressing changes, by using orders and ongoing clinical support from the outpatient team covering the treatment (designated by the hospital inpatient team at discharge).
- Programs in which outside infusion nurses manage and administer IV antibiotics, either at the medical respite or at an outside infusion center.
- Programs in which people are trained in the hospital to administer their own IV antibiotics daily and do so in the medical respite setting. People administering their own antibiotics do so with ongoing support, lab draws, and dressing changes completed by outside infusion nurses or home health care teams, with this care occurring either at the medical respite or at an outside infusion center.

Assessment

The assessment process begins when a person is referred to medical respite to receive IV antibiotics. Some of the specifics of the assessment will be determined by the model type used by the medical respite program they will be going to, and the requirements of that model.

In all assessment processes, it is important to implement a [trauma-informed](#) and [harm reduction-based](#) approach, recognizing that people may not be ready to share their entire health history in the first encounter. A good history is key to creating an appropriate plan of care and can be built over several visits. A comprehensive assessment of a person receiving IV antibiotics includes the following:

Complete History and Physical, which includes:

Gather medical history as available and current prescribed medications, including:

- Active and past medical diagnoses
 - Current management of chronic conditions
- Behavioral health history (incorporate screening tools as appropriate - [PHQ9](#), [GAD-7](#), [DAST-10](#); [ASI](#); [SBIRT](#))
 - Mental health diagnoses
 - Substance use diagnoses, including tobacco/nicotine products and alcohol use
 - Substance use treatment history, including any current treatment modalities
 - Substance use treatment goals, recognizing that goals may differ for different substances
- Surgical history
- Hospitalization history

History of recent hospitalizations or medical interventions:

- Admitting diagnosis/es for current hospitalization
- Hospital course for current admission
- Infectious Disease consult notes, including all orders and planned treatment course/administration frequency and length of treatment for relevant infection, identified pathogens and antibiotic susceptibility, monitoring and lab requirements, and other relevant considerations
- Addiction Medicine consult notes, if applicable, status of withdrawal needs, and current substance use treatment plan (for example, use of buprenorphine or methadone and/or referrals to outpatient treatment)
- Procedure notes from PICC line insertion, if applicable. This information is needed when removing the line.
- Any wound care needs and orders

Care team information:

- Discharging care team contact information, including the Infectious Disease provider who will manage ongoing antibiotics, labs, and other needs in the community, including supporting any questions or issues that arise
- Home infusion provider, if applicable
- Outpatient infusion center, if applicable
- Home care nursing provider, if applicable
- Durable medical equipment provider, if applicable (supplier of any dressing and/or wound care needs, etc.)
- Primary care provider
- Outpatient Infectious Disease provider – this is often the outpatient practice of the inpatient team

Family history

Assess for current [pain](#) level(s) and evaluate if treatment of pain is adequate

Assess for [history](#) and [risk](#) of falls

Assessment of health knowledge and health management skills:

- Use motivational interviewing to identify priorities and concerns related to health, including goals for IV antibiotic treatment
- Assess [literacy](#), [health literacy](#), and [calculation skills](#)
- [Assess the ability to follow medication regimens](#) and instructions, and identify potential side effects of medications
- Assess for understanding of the care plan and how the administration of IV antibiotics will work in the medical respite setting
- Assess for ability to self-manage antibiotic administration, if applicable. This assessment is typically done while the person is inpatient and is part of the process of determining appropriateness for medical respite care for IV antibiotic administration. Education is then provided by the inpatient team and/or the outpatient infusion team, who will be supporting care in the community
- Assess for ability to undertake the requirements of safe maintenance of intravenous access and administration of IV antibiotics, including being available for medication administration, lab draws, and dressing changes, as well as following protocols regarding care of the ports.

For more on assessing health management skills, please see [Clinical Guidelines: The Importance of Assessing and Addressing Health Management](#)

Care Plan and Management

Strategies and treatment plans implemented should be person-centered, collaborative, and based on priorities and needs identified during the assessment process. As noted, interventions should be trauma-informed and integrate harm reduction principles to minimize risks and improve access to care.

Person Specific Strategies

Individual strategies for supporting and managing IV antibiotic treatment in medical respite:

- **Provide advocacy:** As noted above, advocacy for the use of medical respite care to support IV antibiotic administration often begins broadly at the level of referral from local hospitals. Medical respite programs can advocate for the use of their programs to support IV antibiotic treatment for people experiencing homelessness, including those with a history of substance use who might otherwise be excluded from this treatment option. While decisions regarding appropriateness for outpatient parenteral antimicrobial treatment must be based on individual assessments, advocacy on both an individual and community level can increase access to care.
- **Provide education:** Medical respite care teams can provide vital education, in concert with other members of the care team, on:
 - The reasons for antibiotic treatment and why IV antibiotics were recommended
 - The anticipated treatment course, including frequency of medication administration, planned appointments and lab draws
 - How to care for a PICC line and what to report to staff immediately
 - Alternative treatments, if applicable
 - Anticipated effect(s) of treatment and when and how to report any issues or questions
- **Provide and/or advocate for alternative treatments if needed:**
 - There are multiple reasons that a person may not be able to continue IV antibiotic treatment, including adverse reactions, inability to keep up with scheduled dosing or follow-up care, or loss of IV access due to a line infection, clot, or inappropriate use of IV access (for example, to inject non-prescribed substances).
 - Medical respite program staff can work with Infectious Disease teams to determine if a course of oral antibiotics could be appropriate as an alternative to the preferred IV antibiotic course and can continue to support that treatment course in medical respite through directly observed therapy.
 - Alternative intermittent IV antibiotic treatments (for example, [once weekly infusions](#)) might also be an option.
 - If ongoing IV antibiotics are needed and hospital admission is necessary, medical respite staff can prepare the person for admission and advocate for any needs the person may have, including behavioral health treatment while hospitalized.

- **Support needed care and follow-up:** Medical respite staff can support communication and transportation to follow-up appointments, including for IV antibiotic administration and to address any problems with IV access (for example, a clogged line or signs of infection), for people receiving IV antibiotic treatment.
- **Support autonomy:** Many programs ask people who are receiving IV antibiotics to remain in the program and only leave with staff support for scheduled appointments; however, this is not always the case. Within program guidelines, it is important to support the maximum autonomy possible. Ways to support autonomy while receiving IV antibiotics in medical respite include:
 - Utilize a care agreement for IV medication: A care agreement outlines expectations for people with IV access who will be leaving the medical respite/in the community, including being present at the medical respite for scheduled medication infusions, being available for planned dressing changes and follow-up appointments, and not using the port for anything other than scheduled IV antibiotic infusions or lab draws. Appendix A provides an example of a care agreement for IV antibiotics..
 - Provide education on self-management of intravenous lines, including dressing care/monitoring, how to safely bathe, and signs and symptoms to report.
 - Provide choices where possible about infusion schedules/locations (for example, in a quiet setting or in an outside/patio space if available at the program), follow-up appointments, and other elements of care.
- **Employ basic safety precautions for all people with long-term IV access:** An example provided by Edward Thomas House in Seattle, WA, for universal safeguarding of IV access sites is the use of a transparent film dressing (for example, Tegaderm) to cover the port sites when not in use. The dressing is dated and initialed in permanent marker by a staff member. Edward Thomas house allows people to come and go from the program, including those with long-term IV access, and this allows staff to know if a line has been tampered with or utilized outside of scheduled antibiotic treatments (which occurs very rarely).
- **Use harm reduction strategies:** It is important to utilize a harm reduction approach when supporting people who are receiving IV antibiotics in medical respite. Examples include:
 - Providing education on the importance of not using the IV line for anything other than medication administration. This education could include information on alternatives to injecting drugs (for example, smoking).
 - Supporting substance use treatment interventions in medical respite, including medication-assisted treatment options like buprenorphine and methadone.
 - Supporting people in different stages of recovery. People may be very successful with treatment for one substance, for example, using buprenorphine for opioid use treatment, and at the same time continue using other substances (e.g., tobacco or cocaine). This should not exclude someone from receiving ongoing care.
 - Providing mental health supports across a spectrum of care, including for people who may choose not to take medications for mental health treatment.
 - Supporting open communication about challenges and utilizing techniques such as motivational interviewing or de-escalation to support individual and community wellbeing.

Environmental Strategies

- Clearly communicate program and client expectations at intake and throughout the person's admission to the program.
 - This includes expectations on participation in care, staying on-site, and communicating with staff.
 - Programs should provide this information verbally and through easily readable printed information.
- Ensure adequate space to store refrigerated medications.
 - When clients are self-storing medications, they should be provided with a secure, personal mini fridge. Programs may need to advocate for dosing and delivery that meets the available space.
 - If stored by the program, the medications should be available to the client at all dosing times and onsite home health/infusion service visits. Programs will also need to follow state regulations for medication storage and have set procedures for medication access and monitoring.
- Provide a clean and private place to complete infusion care, medication administration, and wound care.
 - There should be adequate and appropriate means to discard used supplies, medications, and any biohazard materials, for example, saturated dressings.
 - When possible, provide choice in where medication administration can occur to help clients relax and feel most comfortable with treatment
- Use strategies to create a [trauma-informed environment](#), which facilitates access to quiet/personal spaces and increases safety.
- Provide a variety of activities and space to engage in leisure, social, and other preferred activities, including indoor and outdoor spaces.
 - This can help with engagement and support the person in staying in the program long-term. This is especially necessary if the program is closed or does not allow clients off-site.

Referrals

If not already in place at referral to the medical respite program or if not provided onsite, providers will want to facilitate connection and referrals to:

- Outpatient MAT programs for continued substance use prescriptions and care.
- Behavioral health care, if not provided onsite or for community transitions.
- Harm reduction services and programs.
- Substance use recovery programs or support services.
- Peer support services.
- Pain management specialists.

Discharge Planning

People receiving IV antibiotics may be ready for discharge from medical respite care when:

- Conditions that were the primary reason for referral to the medical respite program are stable – in the case of antibiotic treatment, the course of treatment is completed
- The patient can independently manage medication regimens or has support to manage medications, including any ongoing oral antibiotics necessary for their care plan
- The Infectious Disease team has confirmed that treatment is complete, and the person's IV access (usually a PICC line) has been removed, either by nursing or a provider
- The person is aware of and able to complete any self-management necessary for their ongoing treatment, for example, wound care or attending follow-up appointments
- The person has strategies for avoiding a recurrence of infection, for example, utilizing harm reduction interventions for substance use and engaging in ongoing follow-up and monitoring

Additional Resources

- NHCHC: [Supporting IV Antibiotics in Medical Respite Care Programs Guide](#)
- NHCHC: [Harm Reduction Approaches to Supporting Clients with Past or Current Substance Use in Medical Respite](#)
- NHCHC: [Supporting Medical Respite Clients Who Live with Mental Health Conditions](#)
- NHCHC: [Organizational Self-Assessment for Programs Serving Clients with Past or Current Substance Use](#)
- NHCHC: [Clinical Guidelines: The Importance of Assessing and Addressing Health Management](#)
- NHCHC: [Health Management Toolkit](#)
- [Management of Infective Endocarditis in People Who Inject Drugs: A Scientific Statement from the American Heart Association](#)

Case Example 1

Background: John is a 48-year-old cisgender man with a past medical history of hypertension, hepatitis C, depression, and injection heroin use. He is currently unhoused and has been staying between a local shelter and several outdoor locations. He takes buprenorphine for opioid use disorder and sees a behavioral health provider for management of depression. He was recently worked up for a new heart murmur and fever and was found to have endocarditis. After a brief hospital stay, it was recommended that he complete an 8-week course of IV antibiotics; he had a PICC line placed while hospitalized to begin treatment. Due to his housing status, he was referred to medical respite care.

Assessment: John will be going to a medical respite that uses a combination of in-house nursing and staff support and a home care nursing agency to manage IV antibiotic treatment. Pre-admission assessment included identifying the outpatient Infectious Disease team that would be managing his treatment and speaking with his outpatient behavioral health providers to ensure they would be able to continue prescribing his medications while he remained in medical respite; his buprenorphine was continued while in the hospital. John also met with the home care agency for education on his PICC line, plan for IV antibiotic treatment, and the schedule for dressing changes and follow-up care. Medical respite program staff also assessed John upon his arrival and provided education on program policies related to having IV access while in care. Assessment and education included a discussion of care for the PICC line and a discussion of past substance use, ongoing treatment, and recovery goals, as well as the importance of open communication and following program guidelines. The medical respite team worked to make sure he remained connected to his outpatient substance use and mental health treatment teams (established before his hospitalization).

Intervention: John signed a care agreement for IV medication use and received a schedule for his once-daily antibiotic treatments, weekly dressing changes, weekly lab draws, and follow-up care with Infectious Disease. During the week, daily antibiotic treatments would be completed by medical respite nurses, and on the weekends, infusion nurses from the home care agency would complete antibiotic administration, the weekly dressing change, and lab draws. As with all clients with IV access, when not in use, the PICC ports were covered with a clear film dressing and initialed by the nurse placing the dressing.

Outcomes: John was able to come and go from the medical respite program as per their policy. Early in his treatment, he missed two scheduled antibiotic doses (that had to be administered later in the day), and staff met with him to discuss how to prevent missed doses. It was decided his daily dose would be administered at 12 pm instead of in the morning, as he often liked to leave the medical respite early in the morning and was not making it back in time for a 9 am dose. John was able to complete 8 weeks of treatment. He remained on buprenorphine throughout his treatment and stayed engaged with his outpatient substance use treatment team.

Appendix A: Sample Client Care Agreement

Agreement for Patients with IV Lines

Injecting fentanyl, methamphetamine or other illicit drugs or substances can result in serious illness or death. I, _____, fully understand the risks associated with my IV line, and agree not to inject any substances into my IV line. Only the medical respite nursing staff may administer medications, remove the line cover or access my IV line. I also agree to strictly adhere to scheduled nursing visits while at Edward Thomas House, which will be _____ (frequency) at _____ (time). If I am missing nursing visits or antibiotic doses, not spending the night at respite or I have used my IV line, the IV line will likely need to be removed and alternative treatment options considered.

Patient (or legal guardian) signature:		Date:
Patient name (printed):	Legal guardian printed name (if applicable):	

Staff signature:	Print name and title:	Date:	Time:
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Sample client care agreement provided by Edward Thomas House medical respite program in Seattle, WA

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