

HOSPITAL LOGO HERE

Antibiotic Stewardship Project
PRESCRIPTION Form



www.bestcare.org.za | info@bestcare.org.za

Pt Name/Label	SIGNIFICANT DIAGNOSES: <input type="checkbox"/> Renal Impairment <input type="checkbox"/> Neutropenia <input type="checkbox"/> HIV/AIDS	AGE:	ALLERGIES:
	Surgical PROCEDURE(s):	WT: HEIGHT:	

INSTRUCTIONS. Prescribing doctor please complete shaded areas and check this form each day for ID/Microbiology/Pharmacy feedback. Prophylactic antibiotics: indicate agent, procedure (above) and indication. Therapeutic antibiotics: complete all sections.

AGENT:	1. INDICATION: <input type="checkbox"/> Prophylactic <input type="checkbox"/> Therapeutic	2. SAMPLE: e.g. MC&S <input type="checkbox"/> None <input type="checkbox"/> Before ABx <input type="checkbox"/> After ABx	3. INFECTION SOURCE: <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown <input type="checkbox"/> Community
	4. CONDITION: <input type="checkbox"/> Pneumonia <input type="checkbox"/> Sepsis <input type="checkbox"/> Intra-abdominal Infection <input type="checkbox"/> Cellulitis <input type="checkbox"/> Meningitis <input type="checkbox"/> VAP <input type="checkbox"/> UTI <input type="checkbox"/> Central Line Infection <input type="checkbox"/> Surgical Site Infection <input type="checkbox"/> Other		

Start Date:	DAY:	1	2	3	4	5	6	7
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
End Date:	DAY:	8	9	10	11	12	13	14
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STICKERS/CODE: Green = Continue Orange = Caution (see note) Red = STOP (see note) Black = De-Escalate (see note)								

AGENT:	1. INDICATION: <input type="checkbox"/> Prophylactic <input type="checkbox"/> Therapeutic	2. SAMPLE: e.g. MC&S <input type="checkbox"/> None <input type="checkbox"/> Before ABx <input type="checkbox"/> After ABx	3. INFECTION SOURCE: <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown <input type="checkbox"/> Community
	4. CONDITION: <input type="checkbox"/> Pneumonia <input type="checkbox"/> Sepsis <input type="checkbox"/> Intra-abdominal Infection <input type="checkbox"/> Cellulitis <input type="checkbox"/> Meningitis <input type="checkbox"/> VAP <input type="checkbox"/> UTI <input type="checkbox"/> Central Line Infection <input type="checkbox"/> Surgical Site Infection <input type="checkbox"/> Other		

Start Date:	DAY:	1	2	3	4	5	6	7
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
End Date:	DAY:	8	9	10	11	12	13	14
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STICKERS/CODE: Green = Continue Orange = Caution (see note) Red = STOP (see note) Black = De-Escalate (see note)								

AGENT:	1. INDICATION: <input type="checkbox"/> Prophylactic <input type="checkbox"/> Therapeutic	2. SAMPLE: e.g. MC&S <input type="checkbox"/> None <input type="checkbox"/> Before ABx <input type="checkbox"/> After ABx	3. INFECTION SOURCE: <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown <input type="checkbox"/> Community
	4. CONDITION: <input type="checkbox"/> Pneumonia <input type="checkbox"/> Sepsis <input type="checkbox"/> Intra-abdominal Infection <input type="checkbox"/> Cellulitis <input type="checkbox"/> Meningitis <input type="checkbox"/> VAP <input type="checkbox"/> UTI <input type="checkbox"/> Central Line Infection <input type="checkbox"/> Surgical Site Infection <input type="checkbox"/> Other		

Start Date:	DAY:	1	2	3	4	5	6	7
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
End Date:	DAY:	8	9	10	11	12	13	14
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STICKERS/CODE: Green = Continue Orange = Caution (see note) Red = STOP (see note) Black = De-Escalate (see note)								

Pharmacy:				I.D./Microbiology:			
Name:	Contact:	Date:	COMMENT:	Name:	Contact:	Date:	COMMENT:
Name:	Contact:	Date:	COMMENT:	Name:	Contact:	Date:	COMMENT: