**Nursing Home Prevalence Survey: Resident Antimicrobial Use Form**

Survey Date: //Date Form Completed: //Data Collected by: \_\_\_\_\_\_\_ (initials)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Complete the Antimicrobial Drug Table below for all antimicrobial drugs given on the survey date or the calendar day prior to the survey date.  One record should be entered for each drug/route combination (e.g., separate entries for vancomycin IV and vancomycin PO) | | | | | | | | |
| Resident name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Record Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **For local use only, will not be Transmitted to CDC** | | | | | | | | |
|  | **Drug name** | **Route** | **Rationale** | **Treatment site** | | **First date (mm/dd/yyyy)** | **End date(mm/dd/yyyy), or # days** | **Total dose** |
| 1 |  | IV  IM  PO/ENT  INH | Tx. active infection  Medical prophylaxis  Surgical prophylaxis  Non-infectious  Not documented | Bloodstream  Bone/joint  Ear, nose, mouth  Eye  Gastrointestinal  Genital tract | Respiratory tract  Sepsis  Skin or wound  Urinary tract  Other …………………  Not documented | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  \_\_\_\_\_\_ days | \_\_\_\_\_\_\_\_\_\_\_  g  mg  other…..… |
| 2 |  | IV  IM  PO/ENT  INH | Tx. active infection  Medical prophylaxis  Surgical prophylaxis  Non-infectious  Not documented | Bloodstream  Bone/joint  Ear, nose, mouth  Eye  Gastrointestinal  Genital tract | Respiratory tract  Sepsis  Skin or wound  Urinary tract  Other …………………  Not documented | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  \_\_\_\_\_\_ days | \_\_\_\_\_\_\_\_\_\_\_  g  mg  other…..… |
| 3 |  | IV  IM  PO/ENT  INH | Tx. active infection  Medical prophylaxis  Surgical prophylaxis  Non-infectious  Not documented | Bloodstream  Bone/joint  Ear, nose, mouth  Eye  Gastrointestinal  Genital tract | Respiratory tract  Sepsis  Skin or wound  Urinary tract  Other …………………  Not documented | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  \_\_\_\_\_\_ days | \_\_\_\_\_\_\_\_\_\_\_  g  mg  other…..… |
| 4 |  | IV  IM  PO/ENT  INH | Tx. active infection  Medical prophylaxis  Surgical prophylaxis  Non-infectious  Not documented | Bloodstream  Bone/joint  Ear, nose, mouth  Eye  Gastrointestinal  Genital tract | Respiratory tract  Sepsis  Skin or wound  Urinary tract  Other …………………  Not documented | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  \_\_\_\_\_\_ days | \_\_\_\_\_\_\_\_\_\_\_  g  mg  other…..… |
| 5 |  | IV  IM  PO/ENT  INH | Tx. active infection  Medical prophylaxis  Surgical prophylaxis  Non-infectious  Not documented | Bloodstream  Bone/joint  Ear, nose, mouth  Eye  Gastrointestinal  Genital tract | Respiratory tract  Sepsis  Skin or wound  Urinary tract  Other …………………  Not documented | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  \_\_\_\_\_\_ days | \_\_\_\_\_\_\_\_\_\_\_  g  mg  other…..… |

**Using information from the table check all scenarios below that apply to this resident and follow the form completion instructions:**

Any drug with the treatment site = “Urinary Tract” 🡪 Complete Resident Infection Form sections A and B

Metronidazole, Fidaxomixin, or oral (PO) Vancomycin with treatment site = Gastrointestinal 🡪 Complete Resident Infection Form sections A and E