**TEAM ANTIBIOTIC REVIEW FORM**

Questions 1-6 should be answered for all patients on antibiotics that you evaluate. Teams should review at least 10 cases per month in real time, not retrospectively.

Question 1: Day of antibiotic therapy: (choose one)

 Day 1  Day 2  Day 3  Day 4  Day 5  Day 6  Day 7  >7 Question 2: Antibiotic regimen and indication:

*Antibiotic Indication Antibiotic Indication Antibiotic Indication Antibiotic Indication*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Moment ONE***  Question 3   * Does the patient have a suspected or confirmed infection that requires antibiotics? | Yes | No | |
| ***Moment TWO***  Question 4   * Were appropriate cultures ordered before antibiotics were started?   Question 5   * Were specific reactions for reported antibiotic allergies documented?   Question 6   * Were empiric antibiotics compliant with local guidelines? | Yes  Yes  Yes | No  No  No | N/A  N/A  N/A |

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Questions 7-14 should be answered for patients on antibiotics > 24 hours in addition to questions 1-6 above.



***Moment FOUR***

Question 13

* Has a planned duration been documented in the medical record?

Yes

*If you answered yes to Question 13, answer Question 14:*

No

*(End of the review)*

Question 14

* Is the planned duration consistent with local guidelines?

Yes

No

N/A



Question 9

* Can antibiotics be narrowed based on microbiology data or other clinical data?

Yes No Already

*(Go to Q11)*

*If you answered yes to Question 9, answer Question 10, otherwise go to Question 11:*

narrowed

*(Go to Q11)*

Question 10

* If antibiotics can be narrowed, will you change to narrower agents today?

Yes

No

Question 11

* Can antibiotics be changed from IV to PO?

Yes No Already

*(Go to Q13)*

*If you answered yes to Question 11, answer Question 12, otherwise go to Question 13:*

on PO

*(Go to Q13)*

Question 12

* If antibiotics can be changed from IV to PO, will you change to oral therapy today?

Yes

No



***Moment THREE***

Question 7

* Are antibiotics still needed?

Yes

*(Go to Q9)*

No

*If you answered no to Question 7, answer Question 8, otherwise go to Question 9.*

Question 8

* If antibiotics are not needed, will you stop them today? Yes No