Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

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:					
AntibioticIndication					
Moment ONE Question 3 • Does the patient have a suspected or confirmed infection that	Yes	No			
requires antibiotics?	()				
Moment TWO Question 4					
 Were appropriate cultures ordered before antibiotics were started? 	Yes	O N	○ N/A		
Question 5Were specific reactions for reported antibiotic allergies documented?	Yes	N o	N/A		
Question 6	Yes		N/A		

Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.







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

Moment THREE

Question 7 Are antibiotics still needed? If you answered no to Question 7, answer Question 8, otherwise go to Question 9		to Q9)	No	
Question 8 If antibiotics are not needed, will you stop them today?YesNo				
Question 9 Can antibiotics be narrowed based on microbiology data or other clinical data? If you answered yes to Question 9, answer Question 10, otherwise go to Question 2	Al	es ready Go to Q		narrowed (Go to Q11)
Question 10 If antibiotics can be narrowed, will you change to narrower agents today?	Ye	e (No	
Question 11 Can antibiotics be changed from IV to PO? If you answered yes to Question 11, answer Question 12, otherwise go to Question	(0	s Go to Q) NoAln 13)	eady on PO (Go to Q13)
Question 12 If antibiotics can be changed from IV to PO, will you change to oral therapy today?	Ye s	<u>,</u>	No	
Moment FOUR Question 13 Has a planned duration been documented in the medical record? If you answered yes to Question 13, answer Question 14:	Ye		No	e review)
Question 14 Is the planned duration consistent with local guidelines?	Ye	9	No	O _{N/A}





