**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 |

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?

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



***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

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 (0935-0238) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

The confidentiality of your responses is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.