

## 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?      Yes      No      N/A
- 

Question 5

- Were specific reactions for reported antibiotic allergies documented?      Yes      No      N/A
- 

Question 6

- Yes         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      No
- 
- (Go to Q9)

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
-

Question 9

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

- Yes
- No
- Already narrowed (Go to Q11)

If you answered yes to Question 9, answer Question 10, otherwise go to Question 11: (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 (Go to Q13)
- No
- Already on PO (Go to Q13)

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

Question 12

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

- Yes
- No

**Moment FOUR**

Question 13

Has a planned duration been documented in the medical record?

- Yes
- No (End of the review)

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

Question 14

Is the planned duration consistent with local guidelines?

- Yes
- No
- N/A

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