



Antibiotic Communication Sheet

[Patient Label]

Antibiotic prescribed

Dose mg

Frequency

Every hours
Every hours
Every hours
Every hours

Q1. Is dose OK?
 Yes
 No

Q2a. Route:
 Oral
 IV / IM
 Other

Q2b. Is route appropriate?
 Yes
 No

Q3. Has a course length and/or review date been stated?
 Yes
 No

Q4. Indication for ABX:

Prophylaxis Unknown Respiratory GI CVS ENT/Max Fax
 CNS Urinary Genital Tract Skin/soft tissue/bone Blood Other

Q5. Is indication documented?
 Yes
 No
 N/A

Q6. Does the prescribed comply with ABX guidelines?
 Yes
 No - Specify deviation --->
 Unknown

Comments

Specimen Collection and Microbiology Results

Specimens were collected and sent for culturing on / / or N/A
Results are expected on / / or N/A
Results have been received and required action taken / / or N/A

Duration and Review

48 hours - Antibiotic therapy has been reviewed Yes No
Action: Continue De-escalate Discontinue IV-oral switch
Continue - treatment is continuing due to:
 continuing clinical signs of infection confirmed infection

96 hours - Antibiotic therapy has been reviewed Yes No
Action: Continue De-escalate Discontinue IV-oral switch

Subsequent review / cease date / /

Signature: