

1. Hospital/Date

1. Date of data collection

DD/MM/YYYY DD MM YYYY
[] / [] / []

2. Hospital

other (please specify)

3. Ward

other (please specify)

4. Audit number

Assign a number to the chart you are auditing for local record keeping

5. Has the allergy box been completed on this chart?

- Yes
 No

2. Antimicrobial #1

1. Antimicrobial #1 prescribed

other (please specify)

2. What is the dose

mg

3. What is the frequency

other (please specify)

4. What is the route

- IV
- Oral

other (please specify)

5. Indication for antimicrobial in notes/ drug chart/ antibiotic communication sheet:

	Type	Target	Acquired
Purpose of treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>

other (please specify)

6. Please answer yes/no to the following

	Yes	No	N/A
Correct dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate route	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indication documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course length/ review date specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microbiology results documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antimicrobial is restricted in ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If restricted, approval obtained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug commenced after ID approval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription complies with guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes: (e.g. course length)

7. If compliant with guidelines, which guidelines were used?

- Therapeutic Guidelines: Antibiotic
- Hospital policy/guidelines
- Microbiology/ID advice

Other (please specify)

8. Have other antimicrobials been prescribed for this patient?

- Yes
- No

3. Antimicrobial #2

1. Antimicrobial #2 prescribed

other (please specify)

2. What is the dose

mg

3. What is the frequency

other (please specify)

4. What is the route

IV

Oral

other (please specify)

5. Indication for antimicrobial in notes/ drug chart/ antibiotic communication sheet:

	Type	Target	Acquired
Purpose of treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>

other (please specify)

6. Please answer yes/no to the following

	Yes	No	N/A
Correct dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate route	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indication documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course length/ review date specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microbiology results documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antimicrobial is restricted in ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If restricted, approval obtained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug commenced after ID approval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription complies with guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes: (e.g. course length)

7. If compliant with guidelines, which guidelines were used?

- Therapeutic Guidelines: Antibiotic
- Hospital policy/guidelines
- Microbiology/ID advice

Other (please specify)

8. Have other antimicrobials been prescribed for this patient?

- Yes
- No

4. Antimicrobial #3

1. Antimicrobial #3 prescribed

other (please specify)

2. What is the dose

mg

3. What is the frequency

other (please specify)

4. What is the route

- IV
- Oral

other (please specify)

5. Indication for antimicrobial in notes/ drug chart/ antibiotic communication sheet:

	Type	Target	Acquired
Purpose of treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>

other (please specify)

6. Please answer yes/no to the following

	Yes	No	N/A
Correct dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate route	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indication documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course length/ review date specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microbiology results documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antimicrobial is restricted in ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If restricted, approval obtained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug commenced after ID approval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription complies with guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes: (e.g. course length)

7. If compliant with guidelines, which guidelines were used?

- Therapeutic Guidelines: Antibiotic
- Hospital policy/guidelines
- Microbiology/ID advice

Other (please specify)

8. Have other antimicrobials been prescribed for this patient?

- Yes
- No

5. Antimicrobial #4

1. Antimicrobial #4 prescribed

other (please specify)

2. What is the dose

mg

3. What is the frequency

other (please specify)

4. What is the route

- IV
- Oral

other (please specify)

5. Indication for antimicrobial in notes/ drug chart/ antibiotic communication sheet:

	Type	Target	Acquired
Purpose of treatment	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

other (please specify)

6. Please answer yes/no to the following

	Yes	No	N/A
Correct dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate route	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indication documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course length/ review date specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microbiology results documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antimicrobial is restricted in ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If restricted, approval obtained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug commenced after ID approval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription complies with guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes: (e.g. course length)

7. If compliant with guidelines, which guidelines were used?

- Therapeutic Guidelines: Antibiotic
- Hospital policy/guidelines
- Microbiology/ID advice

Other (please specify)

8. Have other antimicrobials been prescribed for this patient?

- Yes
- No

6. Antimicrobial #5

1. Antimicrobial #5 prescribed

other (please specify)

2. What is the dose

mg

3. What is the frequency

other (please specify)

4. What is the route

- IV
 Oral

other (please specify)

5. Indication for antimicrobial in notes/ drug chart/ antibiotic communication sheet:

	Type	Target	Acquired
Purpose of treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>

other (please specify)

6. Please answer yes/no to the following

	Yes	No	N/A
Correct dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate route	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indication documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course length/ review date specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microbiology results documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antimicrobial is restricted in ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If restricted, approval obtained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug commenced after ID approval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription complies with guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes: (e.g. course length)

7. If compliant, with guidelines, which guidelines were used?

- Therapeutic Guidelines: Antibiotic
- Hospital policy/guidelines
- Microbiology/ID advice

Other (please specify)

7. Data entry for this episode complete