

Patient Name: *Doe, Jane*

Patient MRN: *01234567*

ANTIBIOTICS	Review of Studies Review daily and complete as data become available	DAY OF THERAPY (check boxes each day if continuing antibiotics)																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14			
<p><i>Cefepime</i> antibiotic name</p> <p><i>1 / 1 / 13</i> start date</p> <p>Indication</p> <input checked="" type="checkbox"/> Presumed infection -complete yellow box→ <input type="checkbox"/> Surgical prophylaxis (24 hrs.) <input type="checkbox"/> Non-surgical prophylaxis	<p>Blood Culture</p> <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	<p>1. Planned duration: <u>7</u> days</p> <p>2. Indication(s):</p> <input type="checkbox"/> Bloodstream <input type="checkbox"/> Intra-abdominal <input type="checkbox"/> Bone/Joint <input type="checkbox"/> Neutropenic Fever <input type="checkbox"/> <i>C. difficile</i> <input type="checkbox"/> Pneumonia <input type="checkbox"/> CNS <input type="checkbox"/> Skin/soft tissue <input type="checkbox"/> Endocarditis <input checked="" type="checkbox"/> Urinary tract <input type="checkbox"/> Head/Neck <input type="checkbox"/> Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<p>3. Can antibiotic be narrowed based on micro or radiology? →</p>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
			<p>4. Can antibiotic be given orally? →</p>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
			<p>Other Micro or Radiology</p> <p>type</p> <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Consider stopping if studies negative														
<p><i>Cephalexin</i> antibiotic name</p> <p><i>1 / 4 / 13</i> start date</p> <p>Indication</p> <input checked="" type="checkbox"/> Presumed infection -complete yellow box→ <input type="checkbox"/> Surgical prophylaxis (24 hrs.) <input type="checkbox"/> Non-surgical prophylaxis	<p>Blood Culture</p> <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<p>1. Planned duration: <u>4</u> days</p> <p>2. Indication(s):</p> <input type="checkbox"/> Bloodstream <input type="checkbox"/> Intra-abdominal <input type="checkbox"/> Bone/Joint <input type="checkbox"/> Neutropenic Fever <input type="checkbox"/> <i>C. difficile</i> <input type="checkbox"/> Pneumonia <input type="checkbox"/> CNS <input type="checkbox"/> Skin/soft tissue <input type="checkbox"/> Endocarditis <input checked="" type="checkbox"/> Urinary tract <input type="checkbox"/> Head/Neck <input type="checkbox"/> Other	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<p>3. Can antibiotic be narrowed based on micro or radiology? →</p>		Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			<p>4. Can antibiotic be given orally? →</p>		Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			<p>Other Micro or Radiology</p> <p>type</p> <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Consider stopping if studies negative														
<p><i>Metronidazole</i> antibiotic name</p> <p><i>1 / 8 / 13</i> start date</p> <p>Indication</p> <input type="checkbox"/> Presumed infection -complete yellow box→ <input type="checkbox"/> Surgical prophylaxis (24 hrs.) <input type="checkbox"/> Non-surgical prophylaxis	<p>Blood Culture</p> <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<p>1. Planned duration: <u>14</u> days</p> <p>2. Indication(s):</p> <input type="checkbox"/> Bloodstream <input type="checkbox"/> Intra-abdominal <input type="checkbox"/> Bone/Joint <input type="checkbox"/> Fever/Neutropenia <input checked="" type="checkbox"/> <i>C. difficile</i> <input type="checkbox"/> Pneumonia <input type="checkbox"/> CNS <input type="checkbox"/> Skin/soft tissue <input type="checkbox"/> Endocarditis <input type="checkbox"/> Urinary tract <input type="checkbox"/> Head/Neck <input type="checkbox"/> Other	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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			<p>Other Micro or Radiology</p> <p>type</p> <p><i>C. diff</i></p> <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative	Consider stopping if studies negative														
<p>Final diagnoses requiring antibiotics →</p> <p><i>CAUTI, C. difficile colitis</i></p>	<p>Diagnoses:</p>		<p>Pertinent Positive Microbiology:</p> <p>1. <i>Ucx > 100k E. coli (S: cephalothin)</i></p> <p>2. <i>C. difficile toxin</i></p> <p>3.</p>											<p>Date: <u>1/1/13</u></p> <p>Date: <u>1/8/13</u></p> <p>Date: _____</p>				