

Protecting and improving the nation's health

Start Smart Then Focus Appendix 1 Resource Materials: Examples of audit tools, review stickers and drug charts

Examples provided by English Hospitals

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Contents

About Public Health England	2
Executive summary	4
Start Smart Then Focus tools	5
Antimicrobial Stewardship – Antibiotic Treatment Algorithm Antimicrobial Stewardship – Surgical Prophylaxis Algorithm Start Smart Then Focus Prescriber's checklist Examples of Antimicrobial Stewardship resources provided by English hospitals	5 6 7 8
Best practice audit tools Antimicrobial Review Stickers Dedicated Antimicrobial Section on drug chart; separate sheets Dedicated Antimicrobial Section on drug chart – added within regular prescriptions section Sepsis Audit Tool	8 18 20 22 27

Executive summary

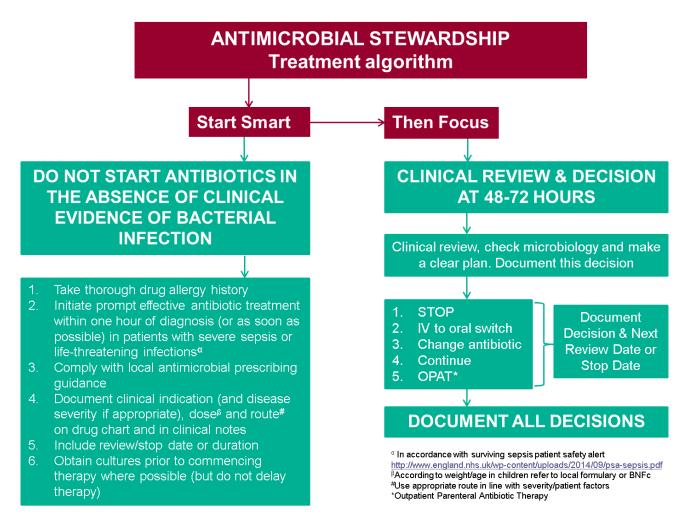
This appendix section of the Start Smart Then Focus Antimicrobial Stewardship Toolkit for secondary care contains Antimicrobial Stewardship resource materials

- 1. Start Smart Then Focus tools:
 - Algorithms
 - Prescriber's checklist which can be printed and provided as aide-memoire for prescribers
- 2. Examples of Antimicrobial Stewardship resources provided by English hospitals:
 - audit tools,
 - · review stickers,
 - Drug charts with specific antibiotic prescribing sections

PHE present the resources kindly provided by English hospitals as examples only.

Start Smart Then Focus tools

Antimicrobial Stewardship – Antibiotic Treatment Algorithm



Advocating patient safety and auditing of antimicrobial stewardship in hospitals should be based around the principles stated in this algorithm. Examples of audit tools are shared in the following pages

ANTIMICROBIAL STEWARDSHIP Surgical prophylaxis algorithm

Clean surgery Involving placement of a prosthesis or implant

Clean contaminated surgery

Contaminated surgery

Surgical Prophylaxis
ONE DOSE*1
Within 60 minutes before knife to skin²

Redose for long surgical procedures

Intraoperative redosing is needed to ensure adequate serum and tissue concentrations of the antimicrobial if the duration of the procedure exceeds two half-lives of the antimicrobial or there is excessive blood loss (i.e., >1500 mL in adults³ or >25ml/kg in children). A treatment course of antibiotics may also need to be given (in addition to appropriate prophylaxis) in cases of dirty surgery or infected wounds³. The appropriate use and choice of antibiotics should be discussed with infection specialists for each case.

DOCUMENT ALL DECISIONS

References:

- NICE clinical guideline 74: Surgical site infection Prevention and treatment of surgical site infection http://www.nice.org.uk/Guidance/CG74
- World alliance for Patient Safety. WHO surgical safety checklist June 2008 http://www.who.int/patientsafety/safesurgery/tools_resources/SSSL_Checklist_finalJun08.pdf?ua=1
- 3. Bratzler DW, Dellinger EP, Olsen KM et al. (2013). Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm 2013; 70(3): 195-283

Advocating patient safety and auditing of antimicrobial stewardship in hospitals should be based around the principles stated in this algorithm. Examples of audit tools are shared in the following pages

Start Smart Then Focus Prescriber's checklist

This can be printed and provided as an aide-memoire for prescribers

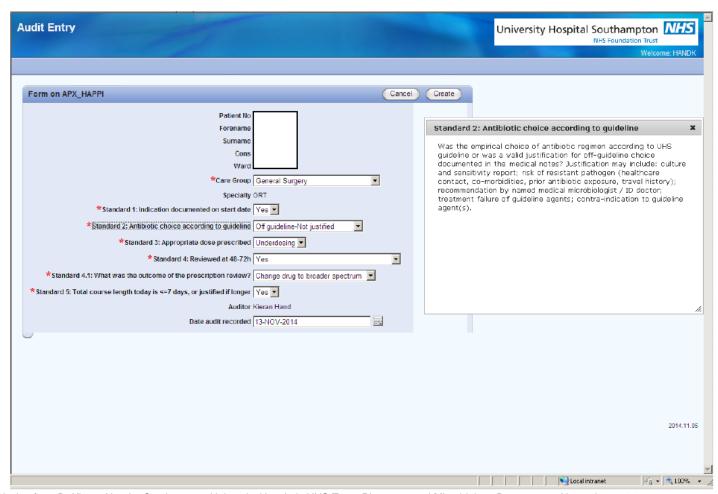
ANTIBIOTIC AWARENESS DAY	HANDLE
Secondary Care Prescriber's Checklist	WITH
Antibiotics	CARE!
-Overuse and incorrect use drives resist	tance
START SMART: ☐ do not start antimicrobial therapy unless there is clear ☐ take a thorough drug allergy history ☐ initiate prompt effective antibiotic treatment within one soon as possible) in patients with severe sepsis or life	hour of diagnosis (or as
Avoid inappropriate use of broad-spectrum antibiotics	
comply with local antimicrobial prescribing guidance	
□ document clinical indication (and disease severity if ap dose and route on drug chart and in clinical notes	opropriate), drug name,
☐ include review/stop date or duration	
 obtain cultures prior to commencing therapy where po therapy) 	essible (but do not delay
prescribe single dose antibiotics for surgical prophylas have been shown to be effective	is where antibiotics
☐ document the exact indication on the drug chart (rather prophylaxis) for clinical prophylaxis	er than stating long term
THEN FOCUS: At 48 – 72 hours; review the patient and make a clinical of	decision "the
Antimicrobial Prescribing Decision" on the need for on-goin	ng antibiotic therapy.
Does patient's condition and/or culture result(s) necessita	te:
Stop of antibiotic therapy (if no evidence of infection)	
Switch from intravenous to oral therapy	Document Decision & Next Review Date
☐ Change: de-escalation/substitution/addition of agents	or Stop Date in clinical notes and
Continuation of current therapy	drug chart
Outpatient Parenteral Antibiotic Therapy (OPAT)	
Reference: Antimicrobial Stewardship Toolkit for Secondary Care: S Available at: https://www.qov.uk/qovernment/publications/antimicrobial-stewa-	ardship-start-smart-then-focus
SSTF was developed by Public Health England and the Department of Health Antimicrobial Resistance and Healthcare Associated Infecti	

Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366944/Secondary_care_prescriber s_checklist.pdf

Examples of Antimicrobial Stewardship resources provided by English hospitals

Best practice audit tools



Used with permission from Dr Kieran Hand - Southampton University Hospitals NHS Trust, Pharmacy and Microbiology Departments November 2014.

			Hospital A	ntimic	robial F	ruden	t Prescr	ibing Indica	tors (HAPPI) audit pro	oforma			
Year	Month	Ward		Auditor	Name			Medical Notes – Prescribing Indicator Questions						
	_							1) Documentatio	2) Guideline p justified off-g		3) Duration to date			
		rug Char	t (complete one l	ine below	/ for <u>each</u> ai	ntimicrobi	ial)	n of indication*	Choice of antimicrobial	Off- guideline prescribing	IV duration on audit day*	Total duration (IV + oral) on audit day for this indication*		
Date	Hospital number	Allergy Antimicrobial Route Course Review Consultant Documented Guideline box name start date or stop team indication or antimicrobial for or					Valid reason documented on start date [§]	IV duration currently ≤ 48h (surgical prophylaxis ≤ 24h) OR according to guideline	Total duration ≤ 7 days OR according to guideline					
e.g.	1234567	Y	Flucloxacillin	Oral	23Jan09	Y	Dr Smith	Yes: Venflon infection	Y	N/A	Y	Y		
e.g.	2345678	Y	Co-amoxiclav	IV	21Jan09	N	Dr Jones	Yes: Bronchiectasis	No guideline	N/A	N	Y		
e.g.	3456789	N	Cefotaxime	IV	23Jan09	N	Dr Brown	No	Unknown	Reason (a)	Y	N/A (no guideline)		

^{*} Six prescribing standards. One point will be scored for each standard achieved (or N/A) for all antimicrobials prescribed for that patient.

Used with permission from Dr Kieran Hand - Southampton University Hospitals NHS Trust, Pharmacy and Microbiology Departments October 2009. Version 2.2 March 2010

SValid reasons include: (a) contra-indication to guideline antimicrobials (e.g. allergy); (b) expert advice from named microbiology/infectious diseases doctor; (c) culture and sensitivity result (recent or previous) suggesting resistance to guideline antimicrobials; (d) patient risk factors for resistant pathogen (e.g. healthcare exposure, nursing/care home resident); (e) failure of reasonable trial of guideline therapy at adequate doses; (f) recent (within 2 weeks) exposure to guideline antimicrobials

Barking, Havering and Redbridge University Hospitals NHS Trust, Point Prevalence Study on Anti-infective Use Pharmacy Department

Q1 Date of Collection	Q2 Hospital Queens/ KGH	Q3 Ward	Q4a Allergies as written on chart	Q4b Is reaction of allergy stated? Y/N	Q5 Is Rx medical (m) or surgical (s)?	Q6 If surgical, is anti- microbial for <24hrs? Y/N/NA

		Antimicrobial Details Payton Duration Management code (ARIIs)													
			Indication			Ro	oute	Du	Duration		Management code (API's)			Other	
	Q7 Antimicrobial Q8 Dose & Frequency Prescribing? API 1 Y/N Q9 Is indication on pt's drug chart/ medical notes at the point of prescribing? API 1 Y/N Q9 Is indication on pt's drug chart/ medical notes at the point of prescribing? API 1 Y/N Q12 Is antimicrobial prescribed acc. to Trust antimicrobial/ restricted guidelines? Y/N			Q11 Route (IV/PO/ Top)	Q13a If IV, is there a switch to PO within 72hrs? API 3 Y/N/NA	Q13b If IV- PO switch, Is total duration ≤7 days Y/N/NA	Q14 Is there a valid stop/review date or duration on the chart? API 2 Y/N/Na	Q15 If No for any API's is there a yellow sticker in pt's notes? Y/N/NA	Q16 If yellow sticker in notes has prescriber amended the prescription as req'd Y/N/NA	Q17 If no API sticker in notes is there appropriate p'cist endorsements on chart? Y/N/NA	Q18 If antimicrobial restricted, was Micro contacted where necessary? API 4 Y/N/Na	Q19 Is there DNO endorsement on chart? Y/N			
1															
2															
3															
4															

Antimicrobial Management Code – BHR Hospitals Used with permission from Antimicrobial Stewardship Group June 2011



Antimicrobial Care Bundle Audit Tool

Site:		Ward:	'	Date:		Time taken:	
Observation	Allergy Status Documented	Indication Documented	Stop/ Review Date Documented	Route Appropriate	Trust Guidelines Followed*	Comments	All Elements Achieved.
1					Y / N / NA		
2					Y / N / NA		
3					Y / N / NA		
4					Y / N / NA		
5					Y / N / NA		
6					Y / N / NA		
7					Y / N / NA		
8					Y / N / NA		
9					Y / N / NA		
10					Y / N / NA		
TOTAL %							

^{*}Trust guidelines followed if empirical treatment prescribed according to guidelines, antimicrobials prescribed according to culture and sensitivity results or following advice from Microbiology.

Date:		Compl	eted by:		Conta	ct No
Main Specia	lity		Direct	orate:	Divisio	on:
Site (circle):	LGI	SJUH	CAH	WGH Na	me/Number of ward:	
An inc			view date		andards: ed on the prescription st be stated on the pres	
Section 1: I	Prescrit	oing of anti	microbial	s	Space for notes (e.g. tally of patients)	Total number
How many ar chart?	ntimicrob	ials do not h	ave an indi	cation on the	100	
How many ardate stated of For how man unable to cor-	n the cha ly antimio ntact the	art? probial preso prescriber if	riptions woo necessary	uld you be		
		Maria (1990)		3000 S-1000 ONE COLOR	Space for notes (e.g. tally of patients)	Total Number
Enteral (inclu	ding oral)				
Parenteral (In	fusion o	r injection)				
Number of pa	arenteral:	s given for gr	eater than	48hrs		
In your opinio prescriptions (Consider – is normal, docu	could ha	ve been give ent's temper	en enterally ature norm	?		
Section 3:	Sample	size on the	day of th	ne audit		
					Space for notes (e.g. tally of patients)	Total Number
Number of be	eds occup	pied				
Number of pa	atients au	idited				

NB. This audit is to be carried out on all the patients seen on the ward on one day each month, ideally within the first fortnight. This data is submitted to the Trust Board each month as a key performance indicator (KPI). Many thanks for your help.

No of patients receiving antimicrobials

				Antimicrobial M Site: LGI/SJUH/CAH	edicines C	Code Exce	ptions rep	orting for	m	
Pharm	acist Nam	ie:		Site: LGI/SJUH/CAH	WGH Wa	ard:	Date	e:		Monthly AB Med Code Audit: Y/N
Pt initials	Unit number	Consultant	Specialty	Prescriber name, grade & contact number (if available from chart)	Indication missing (✓)	Duration or review missing (✓)	Prescriber name illegible (✓)	Prescriber contact number missing (✓)	Prescriber spoken to about omission(s)	Comments (eg on-call Dr, pt lodging on ward)
			3)			45				
2					K	ē.				
						-9			55	
			3							
					0;				15	
		8	ò							

Community Acquired Pneumonia Data Collection & Aggregation Form

Month	Year
MOUTH	rear

Measures	Exar	nples					Pa	tients					Total
To be done within 4hr of arrival at hospital	A	В	1	2	3	4	5	6	7	8	9	10	Data to be added to Extranet
Oxygen Therapy													
1) Oxygen saturation assessed?	Yes	Yes	Y/N	,									
Oxygen administered appropr	iately?												7
Choose target range													
a) Target range: 94-98% • O₂Sat < 94% • O₂administered	Yes	-	Y/N										
b) Target range: 88-92%	-	Yes	Y/N										
Severity Assessment													
CURB65 score derived and documented?	Yes	Yes	Y/N	/									
**Record CURB65 score	3	1											
Antibiotics if CURB65 ≥ 3													
 IV antibiotics compliant with Route and Choice must be corr 		complia	nt										/
Correct choice (beta-lactam & macrolide)	Yes	NA	Y/N NA										
Correct Route (Ⅳ)	Yes	NA	Y/N NA	Y/N									
Time to First Dose (CURB65 ≥3)												
** Time (from arrival at hospital) to first antibiotic (hh : mm)	01:00	NA											

^{**} Not for entry on Extranet Scottish Antimicrobial Prescribing Group

ANTIMICROBIAL MONTHLY DATA COLLECTION

Antimicrobials - Collect data on ONE day for all patients on your ward. Document each antibiotic prescribed and whether a course length/review is recorded and whether added by medic or pharmacist. Do the same with the indication. Record if the Antimicrobial is policy or micro-approved. Mark each chart audited with an 'A' on the front top right hand corner to prevent double data collection. If the prescription is not compliant with policy, please add hospital number of patient.

	Name of Da	ata collector:				Ward:			Date	:				
	No. of patie	ata collector: ents on ward:				No. of page	Ward: Date: No. of patients reviewed:							
4						•								
	Consultant	Antimicrobial	(√)	P0 (⊀)	Courselength/ Review stated on Drug Chart ✓ x	by Pharm or medic (P or M)	Indication	by Pharm or Medic (P or M)	Policy or Micro- approve d	Patient's hospital no. (if non-compliant with policy)				
			+											
			_											
			+											
			-											

CDI HEAT Target Empirical Prescribing Indicator Data Collection Form

<u>Example</u>

		Examp	ole Pa	tients		Extranet Data	% Compliance
Measures	А	В	С	D	Е	extranet bata	76 Compilance
Indication documented in patient's notes	Yes	Yes	No	No	Yes	3/5	60%
Antibiotics Compliant with Policy	No	Yes	-		Yes	2/3	66%

Month _____ Year ____ Ward ______

Week 1 Data			Patients		
Measures	1	2	3	4	5
Indication documented in patient's notes	Y/N	Y/N	Y/N	Y/N	Y/N
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N

Week 2 Data			Patients		
Measures	1	2	3	4	5
Indication documented in patient's notes	Y/N	Y/N	Y/N	Y/N	Y/N
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N

Week 3 Data			Patients		
Measures	1	2	3	4	5
Indication documented in patient's notes	Y/N	Y/N	Y/N	Y/N	Y/N
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N

Week 4 Data			Patients		
Measures	1	2	3	4	5
Indication documented in patient's notes	Y/N	Y/N	Y/N	Y/N	Y/N
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N

Total Monthly Extranet Data	Number Compliant	Total Patients
Indication documented in patient's notes		
Antibiotics compliant with policy		

CDI HEAT Target Surgical Prophylaxis Data Collection Form

Example

		Examp	ole Par	tients		Extranet Data	% Compliance
Measures	Α	В	С	D	Е	extranet bata	78 compilance
Single dose	Yes	Yes	No	No	Yes	3/5	60%
Antibiotics Compliant with Policy	No	Yes	No	Yes	Yes	3/5	60%

Month ____ Year ___ Ward _____

Week 1 Data			Patients		
Measures	1	2	3	4	5
Single dose	Y/N	Y/N	Y/N	Y/N	Y/N
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N

Week 2 Data			Patients		
Measures	1	2	3	4	5
Single dose	Y/N	Y/N	Y/N	Y/N	Y/N
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N

Week 3 Data			Patients		
Measures	1	2	3	4	5
Single dose	Y/N	Y/N	Y/N	Y/N	Y/N
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N

Week 4 Data			Patients		
Measures	1	2	3	4	5
Single dose	Y/N	Y/N	Y/N	Y/N	Y/N
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N

Total Monthly Extranet Data	Number Compliant	Total Patients
Single dose		
Antibiotics compliant with policy		

Antimicrobial Review Stickers

(NHS Tayside & Scottish Antimicrobial Prescribing Group)

		Review Bundle: y Results, Duration, Route
Start date of antibiotic therapy:	/ / 2008	Date of review: / / 2008
Review of initial diagnosis		Significant bacteriological results
Antibiotic plan	Agent:	Route of administration:
Dosage:	Dosing interval:	Planned total duration: days
If the patient receives iv antibio switch possible? Yes No Not app	otic, is an oral	Give the reason for that choice:

Pulcini et al JAC, 2008

Antimicrobial Management Code – Review Notice The following antimicrobial prescription for _____ does not fulfil the Trust's prescribing standards/Antimicrobial Key Indicators: Antimicrobial details and date started: Please take the following action (s): API 1: specify the indication for antibiotics on medical notes/drug chart (delete as appropriate) API 2: Specify review date/stop date on drug chart API 3: IV to oral review required within 72hours API 4: Contact Medical Microbiology for restricted antibiotic approval/extended duration of treatment (delete as appropriate) Please rewrite the prescription with a specified duration on the drug chart if you wish to continue beyond 7 days Pharmacist Name Signature: Date: Time: Approved by BHR Antimicrobial Stewardship Group and Drugs and Therapeutics Committee

Antimicrobial Management Code – BHR Hospitals Used with permission from Dr Diane Ashiru-Oredope - Barking Havering and Redbridge University Hospitals NHS Trust Antimicrobial Stewardship Group June 2011

Dedicated Antimicrobial Section on drug chart; separate sheets

ALLERGI	ES	NAME			BARCODE	
		WARD	NE	IS/HOSPITAL NUMBER	R	
SUGGESTE	D TIMES FOR A	NTIMICROBIALS	TDS (8 hourly) – 6, 14,	22 : QDS (6 ho	ourly) – 6, 12, 18, 24
	Please en	icrobials should be properties of the properties	d need fo	ay be found on the Toor antimicrobials	rust Intranet is reviewed Da	
D	FC	OR ANTIMICRO			NS ONLY	
Drug			Date -			5.5
Clinical Indication	1945	10-				TION
Route	Dose Course length					SAN
Signature		Bleep number				S DAY CONT
Date	Pharmacy screen	Pharmacy supply				WAI
Additional Information		- Control of the Cont				REVIEW AT 5 DAYS AND REWRITE IF CONTINUATION OF
Drug			Date -			REVIEWAT 5 DAYS AND REWRITE IF CONTINUATION OF
Clinical Indication						
oute Dose Course length						SAN
Signature		Bleep number				SDAN
Date	Pharmacy screen	Pharmacy supply				WAI
Additional Information						REVIE

Mid Essex Hospital Services NHS Trust Used with permission from Dr Louise Teare and Diane Ashiru-Oredope.

Impact of antimicrobial section on influencing prescribing published:

http://www.pjonline.com/news/antimicrobials_section_in_hospital_prescribing_chart_improves_practices

	Antibic Antibic	tics should b tic Guidelines	e prescribed s can be fou	in accord nd on the	lance with the He Microbiology pa	spital Formular ge of the Intrane	y it						prescribed in acco can be found on th			
		INTR	AVENOU	S ANTI	BIOTICS ON	LY						0	RAL ANTIBIO	TICS ONLY		
		Tick or	r insert times		L			i				Tick or insert tin	nes required 👃			
Drug (Approve	ed name):			Date:		0				Drug (Ap)	proved name):		Date:			promise and
Dose:	Route:	Start date:	Stop date:	1000				ASAP		Dose:	Poute: Oral	Start date:	6600 - 0900 1800 - 1406			
Sign:			48 hours with	1800						Sign: P:		Stop date:	1900 - 1806 2200 - 2400			15
P; Indication:	e	ensitivites: Y/N	Micro approved	2200	Pharmaciet advice:			-		Micro approved		Sensitivites: Y/N Pharmacist	200000			
Drug (Approve	-	CHICHTERIOS, T/TE	approved	Date:	advice:					Drug (Apr	proved name):	advice:	Date:			
				0600						1			7.5000			
Dose:	Route:	Start date:	Stop date:	1000				ASAR		Dose:	Oral	Start date:	9900 - 0800 1200 - 1400			
	IV			1400				FEETER		Sign:		Stop date:	1600 1600			
Sign:			48 hours with	1800				0	0	P: Indication		Senskivites: Y/N	2200 - 2400			
indication:	9	ensitivites: Y/N	Micro approved		Pharmscist advice:			-		Micro approved		Pharmacist advice:				
Drug (Approve			approved	Date:	advice:		1 40			Drug (App	proved name):	advice:	Date:	100		
CONTRACTOR OF THE CONTRACTOR O	300-01-13			0600						Posses:	Bute	The state of	Chicago de la companya del companya della companya			
Dose:	Floute:	Start date:	Stop date:	1000				ASAB		Dose:	Oral	Start date:	0600 - 0601 1200 - 1490	_	_	-
mi.	IV			1400				13.16		Sign:		Stop date:	1600 / 1800			
Bign: P:			48 hours with hures	2200						Indication		Sensitivites: Y/N	2200 - 2400	_		
Indication:	8	ensitivites: Y/N	Micro		Pharmacist advice:					Micro approved		Pharmaciet advice:		_		
Drug (Approve	ed name):		Jappineed	Date:	aurea.					Drug (App	proved name):	jaurea.	Date:			
	18	Two see	Tarrest Co.	0600						Dose:	Route:	Start date:	0000 - 0000			
Dose:	Route:	Start date:	Stop date:	1000				AEAP			Oral		1200 - 1400			
Sign:	35.52	Review at a	48 hours with	1800						Sign: P:		Stop date:	1600 - 1800	_	1	
P;	Quencia;		ltures	2200				923	100	Indication		Sensitivites: Y/N	2200 - 2400		+	
indication:	8	ensitivites: Y/N	Micro approved	Y/N	Pharmacist advice:			.0	0	Micro approved:	Y/N	Pharmacist advice:				
Drug (Approve	ed name):			Date:						Drug (App	proved name):	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date:		a second	
Dose:	Route:	Start date:	Stop date:	0600				ASAB		Dose:	Oral	Start date:	0600 - 0900		_	
153555	IV		July same	1000			-	THE REAL PROPERTY.		Sign:	Oral		1200 - 1400			
Gign:			48 loues with	1800		-				P.		Stop date:	1600 - 1800 2200 - 3400		+	
P:			itures	2200						Indication:		Sensitivities: Y/N				
										approved:	Y/N	Pharmacist advice:				
P: Indication: PRESC		ensitivites: Y/N FOR INTRAVE	Micro approved ENOUS ANTI	Y/N BIOTICS	Pharmadist advice: MUST BE REVIE ON AS POSSIBLE	WED AFTER 24	- 48 HOURS			Micro approved:	Y/N	Pharmacist advice:	R ORAL ANTIBIOTIO	S ARE VALID	FOR 5 DAYS	ONLY
Date	Time		Drug	and Reaso	on Omitted		Signature			Date	Time		Drug and Reas	on Omitted		Signal
								1								

Dedicated Antimicrobial Section on drug chart – added within regular prescriptions section

CHECK ALLERGIES ON FRONT OF THE CHART BEFORE PRESCRIBING AND ADMINISTERING PRESCRIPTIONS MUST BE REVIEWED AND REWRITTEN EVERY TWO WEEKS OR SOONER ENTER DOSE AGAINST TIME REQUIRED MONTH YEAR Medicines for REGULAR PRESCRIPTION USE ONE ROUTE ONLY FOR EACH ENTRY)ischarge DOSE DATE-→ r's Sig: TIME START CHANGE DRUG (APPROVED NAME) OTHER INSTRUCTIONS SIGNATURE & REG NO PHARMACY DATE To be prescribed for ROUTE S/C **ENOXAPARIN** N INITIALS Limited Duration 80 e.g. Steroids, Antibiotics 13 Transcribed/ (18) ON COMPLETION OF VTE RISK ASSESSMENT PRESCRIBE 22 THROMBOPROPHYLAXIS ABOVE IF NO CONTRAINDICATIONS Pharmacy date: SIGNATURE & REG NO PHARMACY To be prescribed for DATE NDICATION: ROUTE INITIALS DURATION: TATE COURSE LENGTH AND REVIEW DAT Limited Duration Days 80 e.g. Steroids, Antibiotics 13 18 22 Pharmacy date: ANTIMICROBIAL NAME SIGNATURE & REG NO PHARMACY To be prescribed for Discharge DATE NDICATION: ROUTE INITIALS DURATION: TATE COURSE LENGTH AND REVIEW DAT Limited Duration Days 80 e.g. Steroids, Antibiotics 13 Transcribed/ 18 22 Pharmacy date: DRUG (APPROVED NAME) OTHER INSTRUCTIONS SIGNATURE & REG NO PHARMACY To be prescribed for DATE Discharge ROUTE INITIALS Limited Duration Days 80 e.g. Steroids, Antibiotics 13 Transcribed/ 18

Barking Havering and Redbridge University Hospitals NHS Trust Drug Chart June 2011: Used with permission from Antimicrobial Stewardship Group



EXAMPLE ANTIMICROBIAL SECTIONS OF PRESCRIPTION CHART

	вютю	C PRESC		Check allergy NS status BEFORE escribing/giving	PATI		ΓNA	ME					Do	В						
Antibiotic (approved name)					Date (d/m)	\rightarrow														
Dose	Route IV				Stop	Pharmacy	Time	Ţ			W	ch					Release			
					06				evie	wit			Switch to PO Prescribe							
Indication		Guidelines/ Micro approved?			12				48 hour review	oral switch				Continue						
Signature	nature		Bleep	Pharm tech	18				3 hc	\			St	op						
									4	IV			Si	gnatur	e		Date			
Additional info					24															
PROLO (> 5 days)		ANTIBIO		Check allergy NLY status BEFORE escribing/giving	Cou	rse	ler	igth .	/ rev	iew	da	te N	⁄IUS	T be	e sp	ecif	ïed			
ntibiotic pproved name)					Date (d/m)	\rightarrow														
ose	e Route		Start Stop P		Time	\														
dication Guideline Micro					08															
	approved?				13															
ignature	Bleep			Pharm tech	18															

					22										
Additional info															
ORAL	L ANTIBIO	PATII	PATIENT NAME DoB												
Antibiotic (approved name		Date (d/m)	→							5 DAY RE	X/IICXX/				
Dose	Route Oral	Start	Stop	Pharmacy	Time	+							(please t		
													Stop		
Indication	- 1	Guidelines/ Micro	•		08								Continue		
	Micro approved?				13								(Re-prescribe)		
Signature	gnature Bleep				18								Total duration		
													Signature	Date	
	dditional info														

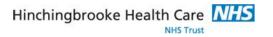
Patient's n	arne:						Hosp	pital /	NHS	num	ber						
As Required Medication																	
Pre a	and post flush with Sodi	um Chic	ride 0.9%	must	be gh	van wi	th all	medic	ation	admir	ilstore	d via	the in	traven	ious n	oute	
Drug (approv	od namo)		Dose	Clade													
				Time	_		_		_	_		_	\vdash	\vdash			_
Floute	Minimal interval / instruct	sons	Max Dose Dally	Dose Route													
Start date	Indication		Pharmacy	Sign								\vdash					
Sign		Stop de	te / Initials	-	_	_		_				_			_		_
agii		aup us	No 7 ETELOS	Sign													
Drug (approv	ed name)		Dose	Date													
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Floute	Minimal Interval / Instruct	ions	Max Dose Daily	Close Route	_												
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Clan		Dian de	te / Initials														_
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Drug (approv	red name)		Dose	Date													
				Time													
Route	Minimal interval / Instruct	ions	Max Dose Daily	Пово													
				Route													
Start date	Indication		Pharmacy	Sign													
Sign		Stop da	te / Initials	Sign													
Drug (approv	od namo)		Dose	Date													
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Route	Minimal Interval / Instruct	tions	Max Dose Dally	Dose Route	\vdash	\vdash				_		H		\vdash		\vdash	
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Drug (approv	red name)		Dose	Date													
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			Liany	Roule													
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		Timo															
Floute	Route Minimal Interval / Instructions			Помя													
			Max Dose Dally	Roule								_		lacksquare			
Start date	Indication		Pharmacy	Sign													
Sign		Stop da	to / Initials	Sign													

In-Pa	tient	Medication	on	Admi	nistra	tion R	l	ecord	Cou	nty Durh	am an	d Dar	lingto	NHS
		adminstered	Γ					-	Wways use p	etient edd	re ss og	raph l	abel	
uniess	allergy i	ox complete	(Chart No	0	of		Hospital / N	HS Numb	er.				
All	allergic	s / sensitiviti	0S -	must be	comple	Med		Sumame:						
_	nown: Si				Date:			First Name	(e.)-					
-		tain: Signed:			Date:			Address:	-					
Yes: Sk		ann. organiz			Date:			Address:						
_	s /Sensi	MyMay	Des	celet in n	of reactio	0.								
Annu gra			-	ciipioiii				Date of Birt	h:					
								Ward and Sit	0	Heigh	t (am)	Dat	e of Ad	mission
							Age Weight (kg) Surface Area Consum (m²)						Consul	tant
										(in-)				
		Prescriber De	etails	3		Calculate	e	d creatinine		Admiss	ion M	edica	ntion	
E	ach new pr	escriber on this ch low (including those	art sho	uld comple	eta efico)			e (mls/min)					Delete	Initials
	eture	Print name	_	leep No.	Reg. No.				Patient's o	wn drugs b	rought l	n	Y/N	
sign	0.076	PYRIC Harrie	+	ныр но.	reg. no.	Date and	-	riffale	Checked for use Y /					
						Jav alu	•			Reconcilia		ploto	Y/N	
			\top						Compliano		Y/N			
			+						Compliance aid in place Y / 1 Community Pharmacy Name and Tel.					
						Date and		- Hole	Communit	y Pharmac	Name	and Te	ii.	
			$^{+}$			Date and		1tials					_	
			+						0	ther Cha	arts in			
							Ī		Epidural /	PCA		Star	date :	Stop date
			+						Insulin Ch			+	\rightarrow	
			\perp			Date and	ľ	nitials	Other Rx charts – specify:			\rightarrow		
											•			
			+			Addition		al Information						
			Т											
			+											
			Т											
			+											
		D		rintian (or Once	only and	1	Pre-ana esth	ntic Medi	cation				
						Time to						Time	Given	Checker
Date	Medicir	ne (approved nar	14)	Dose	Route	be given		Prescriber's	Signature	Pharmacy	Date	given	by	by
					\vdash								\vdash	
					+	+								
					-	+					—		 	
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County Durham and Darlington WHS

	t Name: OSP no:	P no: Admi Own Trans Other				ed From: me [] Nursing/C r from another ho]	Care Home cospital	Site: DMH UHNI Date:			IYC & Relevant Curren	t Admission Information:
	OB:				Allergie	15 :		Consultant	:			
P 1	revious Antibi	otic	D	ose/ro	te	START date	STOP date	Other Ir	nforma	ation		
	urrent Abx. Irug Name	Cu	ırrent	: Antibi	otic 1	Current .	Antibiotic 2	Current	: Antib	iotic 3		
	tart Date lose		!									
Ti	oute aking Oral Meds	Yes	/ No (IV 🗆 / PO 🗅) Yes / No (e	e.g		(e.g			
	ourse Length r Reviewdate	Yes Revi Len	ew D.		op Date lays	1	No □ te / Stop Date days	Yes□ ReviewD Length:_				
	Vhere Rx	IVAE OAB	9 🗆			IVAB 🗆		IVABO		>10/7 □ g_Meds □		
0	ndication noted n <u>Kardex</u>											
Α	hoice ppropriate no state	Yes Micr		No 🗆		Yes□ N Micro□	lo 🗆	Yes □ Micro □	No 🗆			
Ē	РМН:										Current Diagnosis:	I

County Durham and Darlington NHS Trust



Sepsis Audit Tool

							Sepsis Aud	dit				
Date:							itient Initials					
Ward:	Bed:	Consulta	nt:				ospital Numl OB:	ber:				
Admission Dat						DC	Jb.					
Presenting Co	mplaint:											
		1	V/ / NI									
Is drug allergy Antibiotic Info			Y/N		Abx	1			Abx2			
Antibiotic inio	rmation			Started:	AUX.		Started:		ADXZ	Star	ted:	A bx
												3
		N	ame:									
	Do	se + Freque	ency:									
		Ro	oute:									
		Indica	tion:	Y/N				Y/N			_	
					•••••	•						
Stop/revi	iew date	/ course le	ngth	Y / N				Y/N			Y/N	
		pres	ent?									
Has the	allergy	been									-	
	u	ted?	Y/N				Y/N			Y/N		
When was dia	agnosis (of sepsis m	ade?									
When was th	e 1 st dos	e of Abx gi	ven?		•••••	•				••••		
1-44		Dia a contaba a										-
is treat	ment in	line with so guide						Y/N Y/N			Y / N Y / N	
		Barac		.,				. ,			. ,	
If not – is rea	ason wh	y documen	ited?									
Is there an ur	ما اداریا	ose/fregue	ncv3	 Y / N				Y / N			 Y / N	-
is there are ur	iusuai u	ose/ireque	псу:	Y/N				Y / N			Y / N	
If so –	is there	a docume		,				·			•	
		rea	son?		•••••	•						
Are t	here any	/ missed do	ses?	Y / N				Y/N			 Y / N	-
Clinical Marke				, , , ,	Date	e:					ADDITIONAL	
	I	T	I	Lactate							COMMENTS	
	Pulse /min							mmol	/L			
	RR /min BP mmHg							mle ka	-1 hr-1			
	BP mmHg Temp °C							IIIIS Kg	-1 111-1			
	WCC x10 ⁹ /L							x 10 ⁹ /l			_	
Neutrophills x10 ⁹ /L				Platelets Bilirubin								
CRP mg/L UTI (v								umol/				
Cr				Dysur	ria							
CrCl		mL/min		> Frequency								
BM		mmol/L		Acute Incontinence Reason for							Reason for	7

A~mental	Loin Pain	Delay?
state		
	LT Catheter	
	Urine Dipstick	
	Nitrate +ve.	
	Leucocyte est. +ve.	