



Public Health  
England

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.

Public Health England  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG  
Tel: 020 7654 8001  
[www.gov.uk/phe](http://www.gov.uk/phe)  
Twitter: @PHE\_uk  
Facebook: [www.facebook.com/PublicHealthEngland](http://www.facebook.com/PublicHealthEngland)

For queries relating to this document, please contact: [ESPAUR@PHE.gov.uk](mailto:ESPAUR@PHE.gov.uk)

© Crown copyright 2015

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v2.0. To view this licence, visit [OGL](http://www.ogcl.gov.uk) or email [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published March 2015

PHE publications gateway number: 2014828



# Contents

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

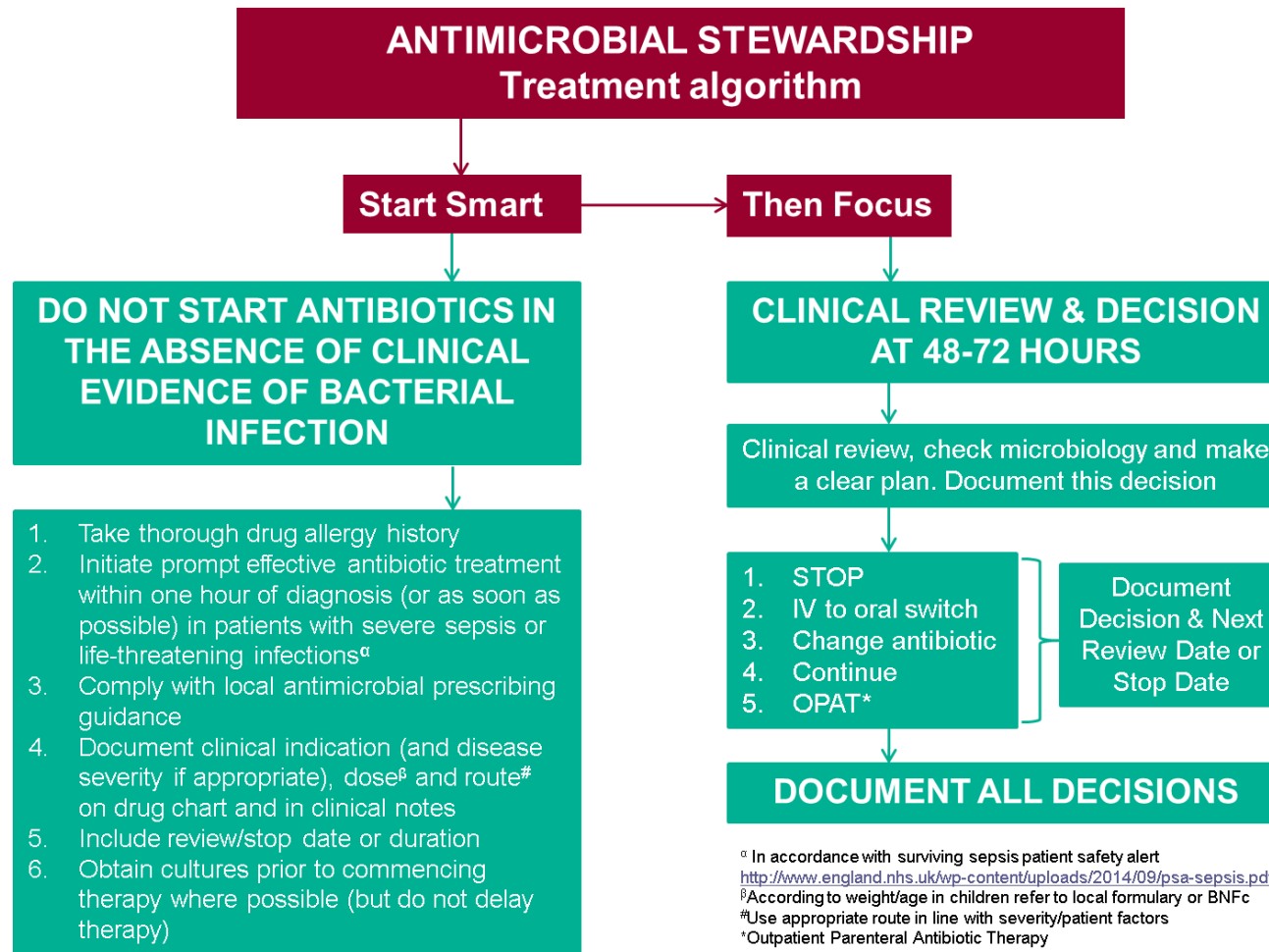
## 2. Examples of Antimicrobial Stewardship resources provided by English hospitals:

- audit tools,
- review stickers,
- Drug charts with specific antibiotic prescribing sections

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

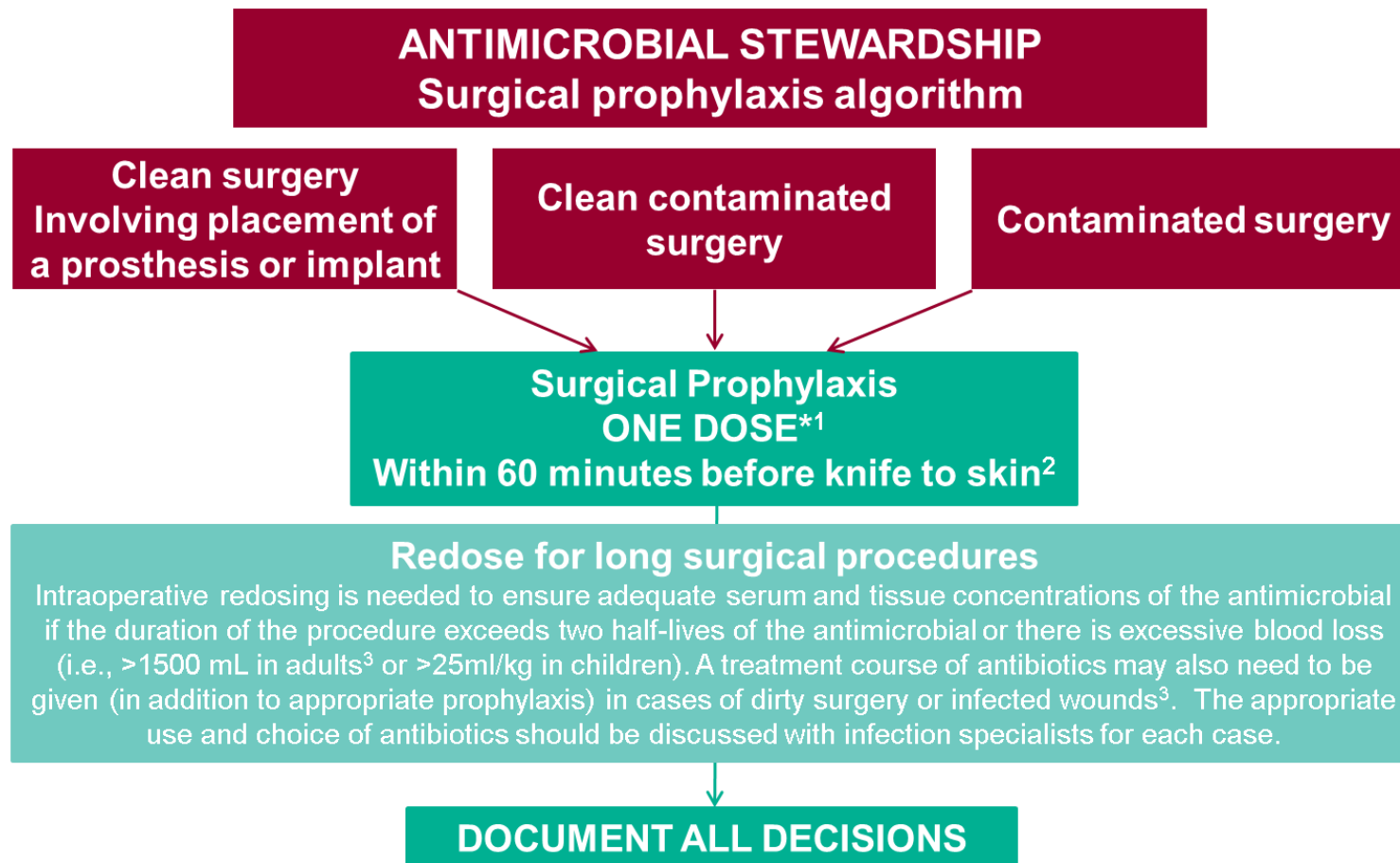
# Start Smart Then Focus tools

## 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






### References:

1. NICE clinical guideline 74: Surgical site infection – Prevention and treatment of surgical site infection  
<http://www.nice.org.uk/Guidance/CG74>
2. 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](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



**Secondary Care Prescriber's Checklist**  
**Antibiotics**  
– Overuse and incorrect use drives resistance

**START SMART:**

- do not start antimicrobial therapy unless there is clear evidence of infection
- take a thorough drug allergy history
- initiate prompt effective antibiotic treatment within one hour of diagnosis (or as soon as possible) in patients with severe sepsis or life-threatening infections. Avoid inappropriate use of broad-spectrum antibiotics
- comply with local antimicrobial prescribing guidance
- document clinical indication (and disease severity if appropriate), drug name, dose and route on drug chart and in clinical notes
- include review/stop date or duration
- obtain cultures prior to commencing therapy where possible (but do not delay therapy)
- prescribe single dose antibiotics for surgical prophylaxis where antibiotics have been shown to be effective
- document the exact indication on the drug chart (rather than stating long term prophylaxis) for clinical prophylaxis

**THEN FOCUS:**  
At 48 – 72 hours; review the patient and make a clinical decision “the Antimicrobial Prescribing Decision” on the need for on-going antibiotic therapy.

Does patient's condition and/or culture result(s) necessitate:

- Stop of antibiotic therapy (if no evidence of infection)
- Switch from intravenous to oral therapy
- Change: de-escalation/substitution/addition of agents
- Continuation of current therapy
- Outpatient Parenteral Antibiotic Therapy (OPAT)

Document Decision & Next Review Date or Stop Date in clinical notes and drug chart

Reference: Antimicrobial Stewardship Toolkit for Secondary Care: Start Smart – then Focus  
Available at: <https://www.gov.uk/government/publications/antimicrobial-stewardship-start-smart-then-focus>  
SSTF was developed by Public Health England and the Department of Health expert advisory committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)

Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366944/Secondary\\_care\\_prescribers\\_checklist.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366944/Secondary_care_prescribers_checklist.pdf)

# Examples of Antimicrobial Stewardship resources provided by English hospitals

## Best practice audit tools

**Audit Entry** University Hospital Southampton NHS Foundation Trust  
Welcome: HANDK

Form on APX\_HAPPI [Cancel] [Create]

Patient No  
Forename  
Surname  
Cons  
Ward

\*Care Group: General Surgery

Specialty: ORT

\*Standard 1: Indication documented on start date: Yes

\*Standard 2: Antibiotic choice according to guideline: Off guideline-Not justified

\*Standard 3: Appropriate dose prescribed: Underdosing

\*Standard 4: Reviewed at 48-72h: Yes

\*Standard 4.1: What was the outcome of the prescription review?: Change drug to broader spectrum

\*Standard 5: Total course length today is <=7 days, or justified if longer: Yes

Auditor: Kieran Hand  
Date audit recorded: 13-NOV-2014

**Standard 2: Antibiotic choice according to guideline**

Was the empirical choice of antibiotic regimen according to UHS guideline or was a valid justification for off-guideline choice documented in the medical notes? Justification may include: culture and sensitivity report; risk of resistant pathogen (healthcare contact, co-morbidities, prior antibiotic exposure, travel history); recommendation by named medical microbiologist / ID doctor; treatment failure of guideline agents; contra-indication to guideline agent(s).

2014.11.05

Local intranet 100%

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



## Hospital Antimicrobial Prudent Prescribing Indicators (HAPPI) audit proforma

Year	Month	Ward	Auditor Name					Medical Notes – Prescribing Indicator Questions					
Drug Chart (complete one line below for <u>each</u> antimicrobial)								1) Documentatio n of indication*	2) Guideline prescribing or justified off-guideline Rx*		3) Duration to date		
								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 box filled*	Antimicrobial name	Route	Course start date (IV/oral)	Review or stop date on chart*	Consultant team	Documented indication or provisional diagnosis? (on start date)	Guideline antimicrobial for indication	Valid reason documented on start date <sup>§</sup>	• 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.

<sup>§</sup>Valid 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

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

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

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

**Antimicrobial Details**

Indication		Route		Duration		Management code (API's)			Other				
<b>Q7</b> Antimicrobial	<b>Q8</b> Dose & Frequency	<b>Q9</b> Is indication on pt's drug chart/ medical notes at the point of prescribing? API 1 Y/N	<b>Q10</b> Indication	<b>Q12</b> Is antimicrobial prescribed acc. to Trust antimicrobial/ restricted guidelines? Y/N	<b>Q11</b> Route (IV/PO/ Top)	<b>Q13a</b> If IV, is there a switch to PO within 72hrs? API 3 Y/N/NA	<b>Q13b</b> If IV- PO switch, Is total duration ≤7 days Y/N/NA	<b>Q14</b> Is there a valid stop/review date or duration on the chart? API 2 Y/N/Na	<b>Q15</b> If No for any API's is there a yellow sticker in pt's notes? Y/N/NA	<b>Q16</b> If yellow sticker in notes has prescriber amended the prescription as req'd Y/N/NA	<b>Q17</b> If no API sticker in notes is there appropriate p'cist endorsements on chart? Y/N/NA	<b>Q18</b> If antimicrobial restricted, was Micro contacted where necessary? API 4 Y/N/Na	<b>Q19</b> Is there DNO endorsement on chart? Y/N
1													
2													
3													
4													

**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		
<b>TOTAL %</b>							

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

**MONTHLY PRESCRIPTION AUDIT FORM**

Date:..... Completed by: ..... Contact No .....  
 Main Speciality ..... Directorate:..... Division: .....  
 Site (circle): LGI SJUH CAH WGH Name/Number of ward: .....

**Antimicrobial standards:**  
 A duration or review date must be stated on the prescription chart  
 An indication for the antimicrobial treatment must be stated on the prescription chart

**Section 1: Prescribing of antimicrobials**

	Space for notes (e.g. tally of patients)	Total number
How many antimicrobials do not have an indication on the chart?		
How many antimicrobials do not have a duration or review date stated on the chart?		
For how many antimicrobial prescriptions would you be unable to contact the prescriber if necessary?		

**Section 2: Administration routes for antimicrobials**

	Space for notes (e.g. tally of patients)	Total Number
Enteral (including oral)		
Parenteral (Infusion or injection)		
Number of parenterals given for greater than 48hrs		
In your opinion, how many of the parenteral antimicrobial prescriptions could have been given enterally? (Consider – is the patient's temperature normal, CRP normal, documented clinical improvement)		

**Section 3: Sample size on the day of the audit**

	Space for notes (e.g. tally of patients)	Total Number
Number of beds occupied		
Number of patients audited		
No of patients receiving antimicrobials		

**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.**



Community Acquired Pneumonia  
Data Collection & Aggregation Form

Month \_\_\_\_\_ Year \_\_\_\_\_

Measures To be done within 4hr of arrival at hospital	Examples		Patients										Total Data to be added to Extranet	
	A	B	1	2	3	4	5	6	7	8	9	10		
<b>Oxygen Therapy</b>														
1) Oxygen saturation assessed?	Yes	Yes	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	/
2) Oxygen administered appropriately? <b>Choose target range</b>													/	
a) Target range: 94-98% • O <sub>2</sub> Sat < 94% • O <sub>2</sub> administered	Yes	-	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
b) Target range: 88-92% • O <sub>2</sub> Sat < 88% • O <sub>2</sub> administered	-	Yes	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
<b>Severity Assessment</b>														
3) CURB65 score derived and documented?	Yes	Yes	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	/
**Record CURB65 score	3	1												
<b>Antibiotics if CURB65 ≥ 3</b>														
4) IV antibiotics compliant with policy <b>Route and Choice must be correct to be compliant</b>													/	
Correct choice (beta-lactam & macrolide)	Yes	NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	
Correct Route (IV)	Yes	NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	
<b>Time to First Dose (CURB65 ≥ 3)</b>														
** Time (from arrival at hospital) to first antibiotic (hh : mm)	01:00	NA												

\*\* Not for entry on Extranet  
Scottish Antimicrobial Prescribing Group



## CDI HEAT Target Empirical Prescribing Indicator Data Collection Form

### Example

Measures	Example Patients					Extranet Data	% Compliance
	A	B	C	D	E		
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**

Measures	Example Patients					Extranet Data	% Compliance
	A	B	C	D	E		
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 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

Dedicated Antimicrobial Section on drug chart; separate sheets

<b>ALLERGIES</b>	NAME		BARCODE		
	WARD	NHS/HOSPITAL NUMBER			
<b>SUGGESTED TIMES FOR ANTIMICROBIALS</b>		<b>TDS (8 hourly) – 6, 14, 22 : QDS (6 hourly) – 6, 12, 18, 24</b>			
Antimicrobials should be prescribed in accordance with Hospital Formulary The MEHT Antimicrobial Policy may be found on the Trust Intranet <b>Please ensure the continued need for antimicrobials is reviewed DAILY</b>					
<b>FOR ANTIMICROBIAL PRESCRIPTIONS ONLY</b>					
Drug			Date →		REVIEW AT 5 DAYS AND REWRITE IF CONTINUATION OF ANTIMICROBIAL IS REQUIRED
Clinical Indication			Times ↓		
Route	Dose	Course length			
Signature			Bleep number		
Date	Pharmacy screen	Pharmacy supply			
Additional Information					
Drug			Date →		REVIEW AT 5 DAYS AND REWRITE IF CONTINUATION OF ANTIMICROBIAL IS REQUIRED
Clinical Indication			Times ↓		
Route	Dose	Course length			
Signature			Bleep number		
Date	Pharmacy screen	Pharmacy supply			
Additional Information					

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](http://www.pjonline.com/news/antimicrobials_section_in_hospital_prescribing_chart_improves_practices)

## 4 Antibiotics

Antibiotics should be prescribed in accordance with the Hospital Formulary Antibiotic Guidelines can be found on the Microbiology page of the Intranet

### INTRAVENOUS ANTIBIOTICS ONLY

Tick or insert times required ↓

Drug (Approved name):		Date:							
Dose:	Route: <b>IV</b>	Start date:	Stop date:	0500					
				1000					
				1400					
Sign:		Review at 48 hours with cultures		1800					
P:				2200					
Indication:		Sensitivities: Y/N	Micro approved: Y/N	Pharmacist advice:					

ASAP

Drug (Approved name):		Date:							
Dose:	Route: <b>IV</b>	Start date:	Stop date:	0500					
				1000					
				1400					
Sign:		Review at 48 hours with cultures		1800					
P:				2200					
Indication:		Sensitivities: Y/N	Micro approved: Y/N	Pharmacist advice:					

ASAP

Drug (Approved name):		Date:							
Dose:	Route: <b>IV</b>	Start date:	Stop date:	0500					
				1000					
				1400					
Sign:		Review at 48 hours with cultures		1800					
P:				2200					
Indication:		Sensitivities: Y/N	Micro approved: Y/N	Pharmacist advice:					

ASAP

Drug (Approved name):		Date:							
Dose:	Route: <b>IV</b>	Start date:	Stop date:	0500					
				1000					
				1400					
Sign:		Review at 48 hours with cultures		1800					
P:				2200					
Indication:		Sensitivities: Y/N	Micro approved: Y/N	Pharmacist advice:					

ASAP

Drug (Approved name):		Date:							
Dose:	Route: <b>IV</b>	Start date:	Stop date:	0500					
				1000					
				1400					
Sign:		Review at 48 hours with cultures		1800					
P:				2200					
Indication:		Sensitivities: Y/N	Micro approved: Y/N	Pharmacist advice:					

ASAP

PRESCRIPTIONS FOR INTRAVENOUS ANTIBIOTICS MUST BE REVIEWED AFTER 24 - 48 HOURS SWITCH TO ORAL AS SOON AS POSSIBLE

Date	Time	Drug and Reason Omitted	Signature

Antibiotics should be prescribed in accordance with the Hospital Formulary Antibiotic Guidelines can be found on the Microbiology page of the Intranet

### ORAL ANTIBIOTICS ONLY

Tick or insert times required ↓

Drug (Approved name):		Date:							
Dose:	Route: <b>Oral</b>	Start date:	Stop date:	0600 - 0900					
				1200 - 1400					
Sign:		Review at 48 hours with cultures		1800 - 1900					
P:				2200 - 2400					
Indication:		Sensitivities: Y/N	Micro approved: Y/N	Pharmacist advice:					

Drug (Approved name):		Date:							
Dose:	Route: <b>Oral</b>	Start date:	Stop date:	0600 - 0900					
				1200 - 1400					
Sign:		Review at 48 hours with cultures		1800 - 1900					
P:				2200 - 2400					
Indication:		Sensitivities: Y/N	Micro approved: Y/N	Pharmacist advice:					

Drug (Approved name):		Date:							
Dose:	Route: <b>Oral</b>	Start date:	Stop date:	0600 - 0900					
				1200 - 1400					
Sign:		Review at 48 hours with cultures		1800 - 1900					
P:				2200 - 2400					
Indication:		Sensitivities: Y/N	Micro approved: Y/N	Pharmacist advice:					

Drug (Approved name):		Date:							
Dose:	Route: <b>Oral</b>	Start date:	Stop date:	0600 - 0900					
				1200 - 1400					
Sign:		Review at 48 hours with cultures		1800 - 1900					
P:				2200 - 2400					
Indication:		Sensitivities: Y/N	Micro approved: Y/N	Pharmacist advice:					

PRESCRIPTIONS FOR ORAL ANTIBIOTICS ARE VALID FOR 5 DAYS ONLY

Date	Time	Drug and Reason Omitted	Signature

Antibiotics

## 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 USE ONE ROUTE ONLY FOR EACH ENTRY			REGULAR PRESCRIPTION				MONTH		YEAR		Medicines for Discharge		
TIME	DOSE	DATE→									Dr's Sig:		
	START	CHANGE									Date:	Bleep:	
DATE	ROUTE	INITIALS	DRUG (APPROVED NAME)				OTHER INSTRUCTIONS		SIGNATURE & REG NO		PHARMACY		
	S/C		<b>ENOXAPARIN</b>								To be prescribed for Discharge		
											<input checked="" type="checkbox"/> N		
											Limited Duration Days		
08											e.g. Steroids, Antibiotics		
13											Transcribed/ Prescribed		
18													
22											Pharmacy date:		
			<b>ON COMPLETION OF VTE RISK ASSESSMENT PRESCRIBE THROMBOPROPHYLAXIS ABOVE IF NO CONTRAINDICATIONS</b>										
DATE	ROUTE	INITIALS	ANTIMICROBIAL NAME				INDICATION: .....		SIGNATURE & REG NO		PHARMACY		
			STATE COURSE LENGTH AND REVIEW DATE				DURATION: .....				To be prescribed for Discharge		
											Limited Duration Days		
08											e.g. Steroids, Antibiotics		
13											Transcribed/ Prescribed		
18													
22											Pharmacy date:		
DATE	ROUTE	INITIALS	ANTIMICROBIAL NAME				INDICATION: .....		SIGNATURE & REG NO		PHARMACY		
			STATE COURSE LENGTH AND REVIEW DATE				DURATION: .....				To be prescribed for Discharge		
											Limited Duration Days		
08											e.g. Steroids, Antibiotics		
13											Transcribed/ Prescribed		
18													
22											Pharmacy date:		
DATE	ROUTE	INITIALS	DRUG (APPROVED NAME)				OTHER INSTRUCTIONS		SIGNATURE & REG NO		PHARMACY		
											To be prescribed for Discharge		
											Limited Duration Days		
08											e.g. Steroids, Antibiotics		
13											Transcribed/ Prescribed		
18													
22											Pharmacy date:		

**EXAMPLE ANTIMICROBIAL SECTIONS OF PRESCRIPTION CHART**

<b>IV ANTIBIOTIC PRESCRIPTIONS</b>					Check allergy status BEFORE prescribing/giving		PATIENT NAME				DoB			
------------------------------------	--	--	--	--	--	--	--------------	--	--	--	-----	--	--	--

Antibiotic (approved name)					Date (d/m) →									
Dose	Route <b>IV</b>	Start	Stop	Pharmacy	Time ↓									
Indication		Guidelines/ Micro approved?			06									
Signature			Bleep	Pharm tech	12									
Additional info					18									
					24									

48 hour review IV / oral switch

<b>IV Review</b> (please tick)	
Switch to PO Prescribe	
Continue IV	
Stop	
Signature	Date

<b>PROLONGED ANTIBIOTICS ONLY</b>					Check allergy status BEFORE prescribing/giving		Course length / review date <b>MUST</b> be specified							
(> 5 days)														

Antibiotic (approved name)					Date (d/m) →														
Dose	Route	Start	Stop	Pharmacy	Time ↓														
Indication		Guidelines/ Micro approved?			08														
Signature			Bleep	Pharm tech	13														
					18														

Main title goes here as running header

			22																	
Additional info																				

<b>ORAL ANTIBIOTIC PRESCRIPTIONS</b> <small>check allergy status BEFORE prescribing/ giving</small>	<b>PATIENT NAME</b>	<b>DoB</b>
--	---------------------	------------

Antibiotic (approved name)				Date (d/m) →												<b>5 DAY REVIEW</b> <b>(please tick)</b>			
Dose	Route <b>Oral</b>	Start	Stop	Pharmacy	Time ↓													Stop	
Indication		Guidelines/ Micro approved?			08													Continue (Re-prescribe)	
Signature		Bleep	Pharm tech		13													Total duration	
					18													Signature	Date
Additional info					22														







## Sepsis Audit Tool

Sepsis Audit						
Date:			Patient Initials:			
Ward:	Bed:	Consultant:	Hospital Number:			
Admission Date:			DOB:			
Presenting Complaint:						
Is drug allergy box completed? Y / N						
Antibiotic Information		Abx1	Abx2	A bx 3		
Started:		Started:	Started:			
Name:						
Dose + Frequency:						
Route:						
Indication:		Y / N ..... .....	Y / N ..... .....	Y / N ..... .....		
Stop/review date/ course length present?		Y / N ..... .....	Y / N ..... .....	Y / N ..... .....		
Has the allergy check box been completed?		Y / N	Y / N	Y / N		
When was diagnosis of sepsis made?		.....	.....	.....		
When was the 1 <sup>st</sup> dose of Abx given?		.....	.....	.....		
Is treatment in line with sepsis guideline:		Y / N Y / N	Y / N Y / N	Y / N Y / N		
If not – is reason why documented?		..... .....	..... .....	..... .....		
Is there an unusual dose/frequency?		Y / N Y / N	Y / N Y / N	Y / N Y / N		
If so – is there a documented reason?		..... .....	..... .....	..... .....		
Are there any missed doses?		Y / N	Y / N	Y / N		
Clinical Markers			Date:		ADDITIONAL COMMENTS	
Pulse	/min	Lactate			mmol/L	
RR	/min	INR				
BP	mmHg	Urine output			mls kg-1 hr-1	
Temp	°C	SO2 >90%				
WCC	x10 <sup>9</sup> /L	Platelets			x 10 <sup>9</sup> /l	
Neutrophils	x10 <sup>9</sup> /L	Bilirubin			umol/l	
CRP	mg/L	UTI (✓)				
Cr		Dysuria				
CrCl	mL/min	> Frequency				
BM	mmol/L	Acute Incontinence		Reason for		

Main title goes here as running header

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