Appendix 2: Stewardship checklist (available for external use with permission of authors)

Antibiotic Audit Form

Review of all antibiotics the patient is currently taking according to the medication record. The purpose of this review is to clinically consider whether they are appropriate in terms of:

* Indication and patient context
* Dose
* Route - if IV, is it required to be IV?
* Frequency (adjusted for renal or liver)
* Duration

The checklist is designed to guide you through the thought process whenever prescribing or monitoring antibiotics.

**Prophylaxis** means the use of antibiotics to PREVENT infection (i.e. TMP/SMX in patients with HIV and CD4<200 to prevent PJP)
* Required

**Please Enter Patient MRN** *

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**Which unit is this patient on?**

- [ ] 15 EAST
- [ ] 15 WEST

**Please indicate why the patient is on antibiotics** *

Empiric Therapy

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**Is there a still a suspected or proven BACTERIAL infection?** *

- [ ] Yes
- [ ] No - Antibiotics will be stopped today
- [ ] CLICK HERE if patient previously audited for THIS infection AND stop date ordered AND no further changes will be made in audit
- [ ] The patient is on prophylaxis only

[Continue »]
Antibiotic indication

Which Infection? *
Choose One
- Pneumonia (CAP)
- UTI/Pyelonephritis
- Cellulitis
- Bacteremia
- C. difficile
- Hospital or Health Care Associated Pneum (HCAP)
- Other: [Input Field]
# Antibiotic Selection

**Which antibiotics is the patient on before audit?**
Choose all that apply - you may leave blank OR click NONE if not on drug (either will work)

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>IV</th>
<th>PO</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrow Spectrum Penicillin or Cephalosporin</td>
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</table>
Is the patient on antibiotics as specified in the MUHC guidelines? *

☐ Yes
☐ No - will be changed today
☐ No - Allergy
☐ No - No guideline exists
☐ No - based on culture results
☐ No - clinical judgement

Review the cultures - are the antibiotics still appropriate? *
If you don't know, ask your staff. If still have questions consult ID or page me if full consult not required.

Yes

If receiving by the IV route, is there an equally efficacious oral equivalent?
Only answer if receiving IV route

Not on IV
**Answer only if UTI:**

Asymptomatic bacteriuria has few indications where treatment is required or suggested.

At MUHC accepted guidelines include:
* Pregnancy
* Pre-invasive operative procedure (urologic, cardiac, orthopedic, neurosurgical)
* Fresh renal transplant
* Neutropenia

See also:
[http://cid.oxfordjournals.org/content/40/5/643.full](http://cid.oxfordjournals.org/content/40/5/643.full)

To make an empiric diagnosis of UTI in a nursing home resident who does not have an indwelling catheter, 3 of the following symptoms must be present and the urinalysis must be positive:
1. Fever (temperature of at least 38°C [100.4°F]).
2. New or increased frequency, urgency, or burning on urination.
3. New flank or suprapubic pain or tenderness.
4. Change in character of urine.
5. Worsening of mental or functional status -- NOT ATTRIBUTABLE TO OTHER OBVIOUS CAUSE (i.e. brain metastasis, narcotics, etc.)


**Urinalysis Result**

Check all that apply
- [ ] Leukocytes
- [ ] Nitrates
- [ ] Not Performed

**Urine Culture Result**

Check one
- [ ] Positive
- [ ] Negative
- [ ] Not done

**This was:**

- [ ] Not a UTI

[Continue »](#)
Duration of Antibiotics
Please indicate the expected duration of antibiotics, how many days the patient has received and whether a stop date has been ordered.

Has the patient received an adequate duration for their ID syndrome? *
No - stop date to be determined

Number of days received thusfar? *
Numeric answer only

Number of planned days *
Enter number or TBD in still deciding
Specific Classes of Antibiotics
If on any of the targeted antibiotics, please consider switching to other classes if appropriate

Fluoroquinolone: is there a choice that has less "C. difficile" risk
Only answer if on a fluoroquinolone
Not on FQ

Pip-Tazo: Is there a narrower spectrum choice?
Only answer if on a Pip-Tazo
Not of Pip-Tazo

Carbepenem: Is there a narrower spectrum choice?
Only answer if on a carbepenem
Not on carbepenem

Vancomycin - is it still required?
Only answer if on vancomycin
Not on vancomycin

Audit actions

As a result of the audit antibiotics were: *
Choose one
- Changed
- Not changed
If changed:

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<tr>
<td>Antibiotic duration or dose were the only things changed</td>
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**Which antibiotics is the patient on at end of audit?**
Choose all that apply - you may leave blank or click NONE if not on drug

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