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** *

| 

**Which unit is this patient on?**

- [ ] 15 EAST
- [ ] 15 WEST

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

Empiric Therapy ▼

**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: [ ]

[ ] Back  [ ] Continue »
# 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>
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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

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.)


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**Urinalysis Result**
Check all that apply

- [ ] Leukocytes
- [ ] Nitrates
- [ ] Not performed

---

**Urine Culture Result**
Check one

- [ ] Positive
- [ ] Negative
- [ ] Not done

---

**This was:**

- [ ] Not a UTI

---

« Back  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

Carbopenem: Is there a narrower spectrum choice?
Only answer if on a carbopenem
Not on carbopenem

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
Antibiotics Post Audit

- Antibiotic duration or dose were the only things changed

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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