Antimicrobial Prescriptions Drug (Approved Name)

Administered By / Witnessed By

Drug (Approved Name)					Date		Day → Date/Mth			Ongoing					
										Therapy					
Route	Dose		Frequency & P	Prescriber o	circle time	06								۵ =	
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Drug (Approved Name) Date						Day	\rightarrow			on at ased (24 ho					
					Date	/Mth			ecision ion ible b						
Route Dose		Frequency & Prescri			iber circle time	06				Antimicrobial prescribing decision at 24-48 hrs and document in chart: 1. Stop antibiotics if no infection 3. Narrower spectrum if possible based on C&S (0r broader spectrum if indicated) 4. Continue and review in another 24 hours 5. Consider OPAT referral			1		
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What infection are you treating?				Sto	Stop Date	12								atic	
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Route	Dose		Frequency & P	Prescriber o	iber circle time	06				mmel infec				_	
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Drooprib as Ci-				Dog Na		14				Start Smart then focus; Antimicrobials should only be commenced where there is clear evidence of infection				Aut	
Prescriber Sig Reg			Reg No		18				Star l obiak nere i				- 3		
Reviewed By Special Instructions						22				micro					
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