

Antimicrobial Prescriptions

Administered By / Witnessed By

Drug (Approved Name)			Date	Day →	Review Ongoing Therapy				Automatic stop unless rewritten
				Date/Mth					
Route	Dose	Frequency & Prescriber circle time		06					Automatic stop unless rewritten
				10					
What infection are you treating?			Stop Date	12					
				14					
Prescriber Sig		Reg No		18					
Reviewed By		Special Instructions		22					
Date									
Drug (Approved Name)			Date	Day →					Automatic stop unless rewritten
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Reviewed By		Special Instructions		22					
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Antimicrobial prescribing decision at 24-48 hrs and document in chart:
 1. Stop antibiotics if no infection
 2. Assess for IV-PO switch as per local guidelines
 3. Narrower spectrum if possible based on C&S (Or broader spectrum if indicated)
 4. Continue and review in another 24 hours
 5. Consider OPAT referral

Start Smart then focus;
 Antimicrobials should only be commenced where there is clear evidence of infection