


Surgical Antimicrobial Prophylaxis

Date	Drug (Approved Name)	Dose	Freq	Route	Prescriber Sig	Reg No	No of Doses	Valid up to 24 hours	1st Dose	2nd Dose	3rd Dose
								Time			
								Given/Checked by			
								Time			
								Given/Checked by			
								Time			
								Given/Checked by			

Antimicrobial Prescriptions

This section is for short-course antimicrobials. Prescribe long-term antimicrobials (e.g. for PCP prophylaxis, post-splenectomy, TB treatment) in the Regular Prescriptions section.

Administered By / Witnessed By

Drug (Approved Name)		Date	Day →				Review Ongoing Therapy  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							Automatic stop unless rewritten
Route		Dose	Frequency & Prescriber circle time	06										
				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	
Route		Dose	Frequency & Prescriber circle time	06										
				10										
What infection are you treating?		Stop Date		12										
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