**Assessment of Appropriateness of Inpatient Antibiotics**

1. Date:

 Gender: Male Female

 Age:

 Service:

 Antibiotic:

2. Was an indication for antibiotic use documented?

 A. If **Yes**, please document the indication below:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Were cultures collected?

 A. If **Yes**, please document what site(s) or body fluid(s) was cultured.

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 B. If **Yes**, were antibiotics administered before collection of cultures?

 C. If **Yes** (cultures were collected), was an organism isolated by culture within 72 hours

of the first dose of antibiotics? (If **Yes**, skip to question #5)

4. If no organism was isolated with 72 hours of the first dose of antibiotics, were antibiotics stopped?

 A. If **No**, was a reason for continuation documented? (Please document reason below)

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5. If an organism was isolated by culture, was it susceptible to the prescribed antibiotic? **(PRINT ANTIBIOTIC SUSCEPTIBILITY REPORT)**

6. If an organism was isolated by culture, were antibiotics changed or stopped after culture results were available?

A. If **Yes**, please document antibiotic change or check box below if stopped:

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 \_\_\_\_\_\_\_ Antibiotics Stopped

7. Was the patient initially prescribed an intravenous (IV) antibiotic with good oral bioavailability (See Appendix A)?

 A. If **YES**, was the antibiotic changed to an oral formulation (PO), within 24 hours of being

eligible for oral medications? (See Appendix B for criteria)

8. Total duration of antibiotic therapy while an inpatient for the above indication?

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

\_\_\_\_\_\_

No

No

No

No

No

No

No

No

No

Days

**Assessment of Appropriateness of Inpatient Antibiotics**

Appendix A:

Amoxicillin

Amoxicillin/Clavulanate

Azithromycin

Cefpodoxime

Ciprofloxacin

Clindamycin

Doxycycline

Levofloxacin

Linezolid

Moxifloxacin

Trimethoprim/Sulfamethoxazole

Appendix B:

1. Patients must meet the following criteria:

 A. Receiving oral or gastric tube intake.

 B. Taking other oral medications.

2. Patients are considered inappropriate for IV to PO conversion if any of the following are present:

 A. Mucositis.

 B. Malabsorption syndrome or gastrointestinal motility disorder.

 C. Severe nausea, vomiting or diarrhea.

 D. Continuous nasogastric suctioning.

 E. Continuous enteral feeds are contraindicated with oral ciprofloxacin, levofloxacin or moxifloxacin.