**Assessment of Appropriateness of Antibiotic Use for  
Resistant Gram-Positive Infections**

A. Date:

Gender: Male Female

Age:

Service:

B. PLEASE INDICATE IF DAPTOMYCIN, LINEZOLID OR VANCOMYCIN WAS USED FOR ANY OF THE FOLLOWING INDICATIONS:

1. Single blood culture positive for coagulase-negative staphylococci, Bacillus species,

Corynebacterium species and/or diphtheroids in the absence of prosthetic joints,

prosthetic cardiac valves, or cardiac implantable electronic devices (including AICD, LVAD

and pacemaker).

2. Documented infection with Streptococci, Enterococci, or Staphylococci susceptible to a

β-lactam antibiotic, in a patient without documented allergy to β-lactam antibiotics.

**(If allergy to β-lactam, please answer questions in section C)**

3. Continued empiric use after 72h despite no cultures collected or negative cultures.

*(Exceptions should be made for neutropenic patients with an ANC < 500 cells/μL and*

*patients transferred from outside facilities*)

A. If **Yes**, was an indication documented? (Please specify indication below)

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B. If **Yes**, were cultures collected?

C. If cultures were collected, were antibiotics administered before collection?

4. Treatment of methicillin-resistant *Staphylococcus aureus* (MRSA) isolated from cultures

of the nares or stool (represent colonization).

C. IF ALLERGY REPORTED TO β-LACTAM ANTIBIOTIC, PLEASE ANSWER THE FOLLOWING:

1. Drug name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Was allergy/adverse drug reaction documented?

3. Documented allergy or adverse drug reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

No