Piperacillin/Tazobactam Therapy Checklist

**Patient Name:**  **MRN:**

**Date Reviewed: Reviewed by:**

**Procedure:**

1. Review all piperacillin/tazobactam therapy upon initiation
2. Complete checklist below
3. If use deemed inappropriate, contact prescriber to make appropriate recommendations
4. If use deemed initially appropriate, continue to review piperacillin/tazobactam appropriateness daily

**Checklist:**

1. Current piperacillin/tazobactam (P/T) therapy:

 *Dose*: [ ]  4.5g [ ] 3.375g [ ] 2.25g *Frequency*: [ ] q6h [ ] q8h [ ] q12h *Start date*: *End date*:

1. Other antibiotic therapy:
2. Indication for P/T therapy (*check all that apply*):

 [ ]  Recent documented history of resistant Gram-negative or *Pseudomonas* infection(s)

 [ ]  Documented infection(s) confirmed by culture and sensitivity result requiring use of P/T as the agent with the narrowest spectrum of activity during this admission

 [ ]  Empiric treatment of healthcare-associated pneumonia before cultures return

 [ ]  Healthcare-associated / nosocomial intra-abdominal infection

 [ ]  Severe healthcare-associated / nosocomial urinary tract infection

 [ ]  Necrotizing soft-tissue infection (not cellulitis)

 [ ]  Healthcare-associated / nosocomial sepsis syndrome of unknown etiology

 [ ]  Other; list syndrome: *(other uses are not generally appropriate and should be discussed with primary physician)*

 [ ]  Unknown or not documented

**Recommendations (*check all that apply*):**

 [ ]  Discontinue P/T

 [ ]  De-escalate P/T to narrower spectrum antibiotic (e.g., ceftriaxone +/- metronidazole, ampicillin/sulbactam)

 [ ]  Change P/T to an oral antibiotic

 [ ]  Continue P/T but change dose, frequency, and/or duration

 [ ]  Recommend ID consultation

 [ ]  Escalate to broader spectrum antibiotics (e.g., meropenem)

 [ ]  No change

**Recommended regimen:**

**Prescriber contacted: Date: Time:**

**Outcome:** [ ]  All recommendations accepted [ ]  Some recommendation(s) accepted [ ]  Not accepted