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