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| [Facility Logo]  **Daily Antibiotic Therapy Checklist** | Resident Label |

**Current Therapy:**

Drug 1: Dose: Route: Frequency: Start Date: End Date:

Drug 2: Dose: Route: Frequency: Start Date: End Date:

Drug 3: Dose: Route: Frequency: Start Date: End Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parameters for Review** | **Day 1**  **\_\_/\_\_/\_\_** | **Day 2**  **\_\_/\_\_/\_\_** | **Day 3**  **\_\_/\_\_/\_\_** | **Day 4**  **\_\_/\_\_/\_\_** | **Day 5**  **\_\_/\_\_/\_\_** | **Day 6**  **\_\_/\_\_/\_\_** | **Day 7**  **\_\_/\_\_/\_\_** |
| **Has an infection been identified?**  *[If NO, STOP ANTIBIOTICS]* | Yes  Unclear  No | Yes  Unclear  No | Yes  Unclear  No | Yes  Unclear  No | Yes  Unclear  No | Yes  Unclear  No | Yes  Unclear  No |
| **What infection is being treated?** |  |  |  |  |  |  |  |
| **Are culture data available?** | Yes  Not sent  Not back | Yes  Not sent  Not back | Yes  Not sent  Not back | Yes  Not sent  Not back | Yes  Not sent  Not back | Yes  Not sent  Not back | Yes  Not sent  Not back |
| **Should regimen be adjusted based on additional clinical/micro data?**  *[If YES, provide reason and new regimen below]* | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| **Is regimen appropriate based on renal/hepatic functions?** *[If NO, provide new regimen below]* | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| **If IV, can it be converted to PO?** *[If YES, provide new regimen below]* | Yes  No  PO only | Yes  No  PO only | Yes  No  PO only | Yes  No  PO only | Yes  No  PO only | Yes  No  PO only | Yes  No  PO only |
| **Is duration shortest possible to resolve infection?** *[If NO, provide new duration below]* | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

**Reason(s) for Adjusting Antibiotic Regimen:**

□ Yes, due to bug-drug mismatch □ Yes, therapy can be streamlined using fewer agents

□ Yes, narrower spectrum agent can be used □ Yes, due to adverse drug reactions, toxicity, or interaction

**Recommended New Antibiotic Regimen:**

Drug 1: Dose: Route: Frequency: Date of Change:

Drug 2: Dose: Route: Frequency: Date of Change:

Drug 3: Dose: Route: Frequency: Date of Change: