



ANTIBIOTIC PRESCRIPTION CHART

Antibiotic Prescription Chart (H-1338) is the key to Antibiotic Stewardship

Filled by a doctor or a nurse

- Demographic details
- Antibiotic allergy
- Indication for the antibiotic
- Appropriate cultures
- Antibiotics type, dose, route and dosing frequency

Filled by a doctor

- Antibiotic Review

How to maintain the chart correctly

Demographic Details

- Health-care providers have primary responsibility for checking/verifying a patient's identity
- Use **at least two identifiers** to verify patient's identity, neither of which should be the patient's bed/ward number (Name, date of birth)

H-1338 SR-60100201					
Antimicrobial Prescription Chart - Hospital					
Patient name:			Allergies: Yes/No		
Age:	M/F:	Ward:	If yes, Drug/s:		
BHT:			Anaphylaxis/Urticaria/other:		

Allergies

- Minor (localized urticaria, itching), major (anaphylaxis, angio-oedema, Steven-Johnson reaction)
- Uncertain allergies (E.g. had only headache, diarrhea), or very old antibiotic allergies (>10-20 years ago) which can be due to the old preparation – refer to a specialist for de-labelling

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Age:	M/F:	Ward:	If yes, Drug/s:					
BHT:			Anaphylaxis/Urticaria/other:					
Indication for Antimicrobials:	CNS infection	CVS infection	GIT infection	RTI	Skin & soft issue infection	UTI	Infection of unknown origin	Sepsis
	Prophylaxis Surgical/Medical		Specify the prophylaxis:		Other/s		Final Infection Diagnosis	
Cultures taken before starting Antimicrobial	Blood	Urine	Sputum	CSF	Others, specify			

Indication for antibiotics

The most important detail in an antibiotic prescription

Specific antibiotic type depends on the type of antibiotic

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Antimicrobial Prescription Chart -Hospital

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	Prophylaxis		Specify the prophylaxis:		Other/s		Final Infection Diagnosis	
	Surgical/Medical							
Cultures taken before starting Antimicrobial	Blood	Urine	Sputum	CSF	Others, specify			

- **Send a blood culture first !**
(in significant, severe infectious, septic/critically ill)
- Before administering antibiotics, check whether appropriate cultures are sent & after 48 hours trace the blood culture.

Antimicrobial Review:

Escalating, stopping or de-escalating antibiotics

- If patient critically ill, septic shock, immunosuppressed will need a broad-spectrum antibiotic initially (Pip.Taz/Meropenem)

[illegible]

If no complex infection, usually IV plus oral 7-10 days is enough

- Stop if it is not a bacterial infection (Later diagnosed as viral, it's a malignancy or autoimmune disease), if 7 days is enough
- De-escalate – change from a broader to a narrow-spectrum depending on cultures, switch from IV to an oral drug

[illegible]

Drug, Route, Dose and Dosage, Duration

For the antibiotic to be effective in killing bacteria - appropriate antibiotic, correct dose (according to the weight), route, frequency, adjusted to renal functions

- Indicate – P, E, S (Prophylaxis – surgical prophylaxis/ Empiric – first-line/ Specific – finalised)
 - Usually, a total (IV + oral) 7 days is enough unless complex infection
 - Encourage antibiotic review by doctors at 3, 7 and 10 days
- | ACCESS | | WATCH | | RESERVE |
|--|--|---|---|---|
| Aminoglycosides:
Spectinomycin

Aminoglycosides:
Amikacin
Gentamicin

Amphenicols:
Chloramphenicol
Thiamphenicol

Beta-lactams: | Penicillins:
Ampicillin
Ampicillin
Ampicillin
Bacampicillin
Benzathine benzylpenicillin
Benzylpenicillin
Carboxicillin
Cloxacillin
Dicloxacillin
Eoxitine | Aminoglycosides:
Arbekacin
Bekacin
Dibekacin
Isopropin
Kanamycin, IV
Kanamycin, oral
Monomicron
Neomycin, IV
Neomycin, oral
Nystatin, oral | Fourth-generation cephalosporins:
Cefepime
Cefosils
Cefozepin
Ceftriaxone

Glycopeptides:
Telicoplanin
Vincemycin, IV
Vincemycin, oral | Rifamycins:
Rifabutin
Rifampin
Rifampin, IV
Rifampin, oral
Rifaximin

Second-generation cephalosporins:
Cefuroxime
Cefotaxime
Ceftriaxone
Cefazidime |

Antimicrobial review: Indication/ Trace culture/ Stop or de-escalate/ Duration (Initiated by the reviewing doctor)																			
1. Antimicrobial				Route	Dose	Frq	D 1	D 2	R/V	D 3	D 4	D 5	D 6	D 7	R/V	D 8	D 9	D 10	R/V
P	E	S																	
A	W	R																	
2. Antimicrobial				Route	Dose	Frq	D 1	D 2	R/V	D 3	D 4	D 5	D 6	D 7	R/V	D 8	D 9	D 10	R/V
P	E	S																	

[illegible]

WHO AWaRe Classification: Access, Watch or Reserve

- Watch – reviewed by a consultant or senior MO
– within 48-72 hours
 - Reserve – should have a written authorization by the consultant microbiologist (CM) within 3 days of initiation
- If started in an urgent clinical situation, it should be communicated with CM