

Assessment of Appropriateness of Inpatient Antibiotics

1. Date: _____
Gender: Male Female
Age: _____
Service: _____
Antibiotic: _____

2. Was an indication for antibiotic use documented? Yes No

A. If **Yes**, please document the indication below:

3. Were cultures collected? Yes No

A. If **Yes**, please document what site(s) or body fluid(s) was cultured.

B. If **Yes**, were antibiotics administered before collection of cultures? Yes No

C. If **Yes** (cultures were collected), was an organism isolated by culture within 72 hours of the first dose of antibiotics? (If **Yes**, skip to question #5) Yes No

4. If no organism was isolated with 72 hours of the first dose of antibiotics, were antibiotics stopped? Yes No

A. If **No**, was a reason for continuation documented? (Please document reason below)

5. If an organism was isolated by culture, was it susceptible to the prescribed antibiotic? (**PRINT ANTIBIOTIC SUSCEPTIBILITY REPORT**) Yes No

6. If an organism was isolated by culture, were antibiotics changed or stopped after culture results were available? Yes No

A. If **Yes**, please document antibiotic change or check box below if stopped:

_____ Antibiotics Stopped

7. Was the patient initially prescribed an intravenous (IV) antibiotic with good oral bioavailability (See Appendix A)? Yes No

A. If **YES**, was the antibiotic changed to an oral formulation (PO), within 24 hours of being eligible for oral medications? (See Appendix B for criteria) Yes No

8. Total duration of antibiotic therapy while an inpatient for the above indication? _____ Days

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Appendix A:

Amoxicillin

Amoxicillin/Clavulanate

Azithromycin

Cefpodoxime

Ciprofloxacin

Clindamycin

Doxycycline

Levofloxacin

Linezolid

Moxifloxacin

Trimethoprim/Sulfamethoxazole

Appendix B:

1. Patients must meet the following criteria:

- A. Receiving oral or gastric tube intake.
- B. Taking other oral medications.

2. Patients are considered inappropriate for IV to PO conversion if any of the following are present:

- A. Mucositis.
- B. Malabsorption syndrome or gastrointestinal motility disorder.
- C. Severe nausea, vomiting or diarrhea.
- D. Continuous nasogastric suctioning.
- E. Continuous enteral feeds are contraindicated with oral ciprofloxacin, levofloxacin or moxifloxacin.