

Assessment of Appropriateness of Antibiotic Use for Resistant Gram-Positive Infections

A. Date: _____
Gender: Male Female
Age: _____
Service: _____

B. PLEASE INDICATE IF DAPTOMYCIN, LINEZOLID OR VANCOMYCIN WAS USED FOR ANY OF THE FOLLOWING INDICATIONS:

- | | | |
|--|-----|----|
| 1. Single blood culture positive for coagulase-negative staphylococci, <i>Bacillus</i> species, <i>Corynebacterium</i> species and/or diphtheroids in the absence of prosthetic joints, prosthetic cardiac valves, or cardiac implantable electronic devices (including AICD, LVAD and pacemaker). | Yes | No |
| 2. Documented infection with Streptococci, Enterococci, or Staphylococci susceptible to a β -lactam antibiotic, in a patient <u>without</u> documented allergy to β -lactam antibiotics.
(If allergy to β-lactam, please answer questions in section C) | Yes | No |
| 3. Continued empiric use after 72h despite no cultures collected or negative cultures.
<i>(Exceptions should be made for neutropenic patients with an ANC < 500 cells/μL and patients transferred from outside facilities)</i> | Yes | No |
| A. If Yes , was an indication documented? (Please specify indication below)
_____ | Yes | No |
| B. If Yes , were cultures collected? | Yes | No |
| C. If cultures were collected, were antibiotics administered before collection? | Yes | No |
| 4. Treatment of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) isolated from cultures of the nares or stool (represent colonization). | Yes | No |

C. IF ALLERGY REPORTED TO β -LACTAM ANTIBIOTIC, PLEASE ANSWER THE FOLLOWING:

- | | | |
|--|-----|----|
| 1. Drug name _____ | | |
| 2. Was allergy/adverse drug reaction documented? | Yes | No |
| 3. Documented allergy or adverse drug reaction _____ | | |