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, Bacillus species, Corynebacterium species and/or diphtheroids in the absence of prosthetic joints, prosthetic cardiac valves, or cardiac implantable electronic devices (including AICD, LVAD and pacemaker).

2. Documented infection with Streptococci, Enterococci, or Staphylococci susceptible to a β-lactam antibiotic, in a patient without 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. (Exceptions should be made for neutropenic patients with an ANC < 500 cells/μL and patients transferred from outside facilities)
   (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 *Staphylococcus aureus* (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______________________________