

Tarikh Mula:	<input type="checkbox"/> Started in H. Rembau	<input type="checkbox"/> Stepdown from:	<input type="checkbox"/> Medical <input type="checkbox"/> Surgical
			<input type="checkbox"/> Others, please state:



HOSPITAL REMBAU

Antibiotic Order Form & 72 Hours Antibiotic Review Form

Patient details/label: Name: RN: IC:	NOTES: Part A <i>Antibiotic Order Form - To fill up once listed antibiotic is started</i> Part B <i>72 Hours Antibiotic Review Form - To fill up for Empiric Cases only after 72 hours from the date antibiotic was started</i>
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ANTIBIOTIC ORDER FORM (PART A)

ANTIBIOTICS (PLEASE TICK ONE ONLY)

<input type="checkbox"/> Ceftriaxone	<input type="checkbox"/> Cefoperazone	<input type="checkbox"/> Piperacillin/Tazobactam	<input type="checkbox"/> Meropenem
<input type="checkbox"/> Ceftazidime	<input type="checkbox"/> Cefepime	<input type="checkbox"/> Vancomycin	

ANTIBIOTIC REGIMEN & DURATION	DIAGNOSIS
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SAMPLE (S) SENT FOR CULTURE AND SENSITIVITY (PLEASE TICK ONE OR MORE)

<input type="checkbox"/> Blood	<input type="checkbox"/> BAL	<input type="checkbox"/> Sputum	<input type="checkbox"/> Swab	<input type="checkbox"/> Pus	<input type="checkbox"/> Others :.....
<input type="checkbox"/> Bone	<input type="checkbox"/> Tissue	<input type="checkbox"/> Tracheal Aspirate	<input type="checkbox"/> Urine	<input type="checkbox"/> Body Fluid- (CSF, Pleural Peritoneal Fluid)	

INDICATION OF ANTIMICROBIAL TREATMENT	DOCTOR'S SIGNATURE & STAMP
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a) Empiric – To review antibiotic use after 72 hours
(Please fill in 72-hours Antibiotic Review Form- Part B)

b) Definitive Treatment for: MRSA MRO
 ESBL Others: _____

Duration of therapy: _____

Date :

COUNTERSIGN & STAMP BY AUTHORIZED CONSULTANT/SPECIALIST:

Date :

-----PLEASE TEAR THIS PART FOR EMPIRICAL STARTED ANTIBIOTIC-----

72-HOURS ANTIBIOTIC REVIEW FORM (PART B)
 Date to return to pharmacy :/...../.....

Patient details/label :	ANTIBIOTIC REGIMEN & DURATION DIAGNOSIS
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INDICATION OF ANTIMICROBIAL CONTINUATION (PLEASE TICK ONE)	SPECIALIST SIGNATURE & STAMP
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Reason(s):

Culture results positive (please state):

Source control done, to continue until C&S results available

Source control pending/unable to proceed, to continue **definitive** treatment

Improved septic parameters / clinical condition with current antibiotic, therefore :

Continue current antibiotic as patient is unresponsive to previous antibiotic **OR**

Consider to de-escalate to a narrower spectrum antibiotic in accordance to C&S result / NAG (if C&S no growth / not available)

Others (please state):

Date :