**Audit Tool - Antibiotic Use**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Resident Initials or Room Number** | **Condition** | **Antibiotic name/Dose** | **Duration** | **Course Completed?****Y/N** | **Improvement seen?****Y/N** | **Samples obtained?****Y/N** | **Was the resident seen face to face by clinician? Y/N** | **Registered GP Practice** | **Comments** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |

**Dates covered: Completed by:**

**Recommendations following completion of audit.**

* **Consider if any residents have required a second course.**
* **Are samples being requested to check correct antibiotic given.**
* **Are residents being assessed face to face or over the phone.**
* **If repeat doses are given have any other investigations been suggested.**
* **If courses are not being completed or doses missed etc how can this be prevented?**
* **Update Risk assessments and Care plan to ensure ‘preventative’ care planning ie: ensure staff understand the topic and the preventative measures they need to action within daily care. Does the care plan include preventative actions to help prevent the infection in the first place?**