#### Tool 4. Quarterly or Monthly Prescribing Profile

[Date]

From: [Nursing Home Name]

Dear Dr./Mr./Ms. [insert last name of prescribing clinician]

This [quarterly / monthly] report is provided for your reference as we continue to monitor antibiotic use in our nursing home.

Between 25 percent and 75 percent of antibiotics are prescribed unnecessarily for nursing home residents.[[1]](#footnote-1) This leads to unnecessary side effects, including multi-drug resistant organisms and health care-associated infections. As a result, [nursing home name] has implemented an antimicrobial stewardship program.

This report provides information regarding your prescriptions for antibiotics for residents over the past [month / 3 months]. The report is for your information only and is meant to help you maintain an awareness of trends in infections and antibiotic use in your residents at this nursing home.

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| Resident Name | Infection Type/ Diagnosis | Last Treated | Organism Identified | Rx Date | Rx Duration | Antibiotic Name | Dose | Met Minimum Criteria |
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Optional: A copy of the antimicrobial stewardship program policies, diagnostic criteria guidance, or current antibiogram could be provided with this report.

1. Nicolle LE, Strausbaugh LJ, Garibaldi RA. Infections and antibiotic resistance in nursing homes. Clin Microbiol Rev. 1996 Jan;9(1):1-17. PMID: 8665472; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC172878/pdf/090001.pdf>. [↑](#footnote-ref-1)