**AHRQ Safety Program for Improving Antibiotic Use**

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| Team Antibiotic Review Form |

***\*Questions 1*–*6 should be answered for all patients you evaluate who are   
actively receiving antibiotics.***

Question 1: Day of antibiotic therapy (choose one)

Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 > 7 Days

| Question 2: Record antibiotic regimen and indication below: | | | |
| --- | --- | --- | --- |
| Antibiotic: |  | Indication: |  |
| Antibiotic: |  | Indication: |  |
| Antibiotic: |  | Indication: |  |
| Antibiotic: |  | Indication: |  |

| Moment ONE | | | |
| --- | --- | --- | --- |
| Question 3: Does the patient have a suspected or confirmed infection that requires antibiotics? | Yes | No |  |

| Moment TWO | | | |
| --- | --- | --- | --- |
| Question 4: Were appropriate cultures ordered before antibiotics were started? | Yes | No |  |
| Question 5: Were specific reactions for reported antibiotic allergies documented? | Yes | No | N/A |
| Question 6: Were empiric antibiotics compliant with local guidelines? | Yes | No | N/A |

***\* For patients who have been receiving antibiotics longer than 24 hours, answer questions 7*–*14 in addition to the above questions 1*–*6.***

| Moment THREE | | | |
| --- | --- | --- | --- |
| Question 7: Are antibiotics still needed? | Yes | No |  |
| *If you answered “no” to Question 7, answer Question 8. Otherwise go to Question 9.* | | | |
| Question 8: If antibiotics are not needed, will you stop them today? | Yes | No |  |
| Question 9: Can antibiotics be narrowed based on microbiology data or other clinical data? | Yes | No | Already narrowed |
| *If you answered “yes” to Question 9, answer Question 10. Otherwise go to Question 11.* | | | |
| Question 10: If antibiotics can be narrowed, will you change to a narrower regimen today? | Yes | No |  |
| Question 11: Can antibiotics be changed from intravenous to oral? | Yes | No | Already on PO |
| *If you answered “yes” to Question 11, answer Question 12. Otherwise go to Question 13.* | | | |
| Question 12: If antibiotics can be changed from intravenous to oral, will you change to oral therapy today? | Yes | No |  |

| Moment FOUR | | | |
| --- | --- | --- | --- |
| Question 13: Has a planned duration been documented in the medical record? | Yes | No |  |
| *If you answered “yes” to Question 13, answer Question 14. Otherwise this form has been completed.* | | | |
| Question 14: Is the planned duration consistent with local guidelines? | Yes | No | N/A |

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