Name	Date of Birth:	Hospital No.:	CHECK ALLERGY STATUS

SURGICAL ANTIMICROBIAL PROPHYLAXIS

Date	DRUG (Approved name)	Dose	Freq	Route	Prescriber Signature	MCRN	No. of doses	Valid *up to* 24 hours	1ST dose	2ND dose	3RD dose
								Time			
								Given/Checked by:			
								Time			
								Given/Checked by:			
								Time			
								Given/Checked by:			

ANTIMICROBIAL PRESCRIPTIONS

ADMINISTERED BY / WITNESSED BY

DRUG (Approved name) | Date

Dose | Frequency | Route

What infection are you treating? | **Stop date**

Prescriber Signature | MCRN

Pharmacist

DAY→			
DATE/MTH →			
06.00			
10.00			
12.00			
14.00			
18.00			
22.00			

REVIEW ONGOING THERAPY

Antimicrobial prescribing decision at 24-48hrs and document in chart;
1. Stop antibiotics if no infection
2. Assess for IV-PO switch as per local guidelines
3. Narrower spectrum if possible based on C&S (or broader spectrum if indicated)

Start Smart then Focus;
Antimicrobials should only be commenced where there is clear evidence of infection

AUTOMATIC STOP UNLESS REWRITTEN

DRUG (Approved name) | Date

Dose | Frequency | Route

What infection are you treating? | **Stop date**

Prescriber Signature | MCRN

Pharmacist

DAY→ | DATE/MTH → | 06.00 | 10.00 | 12.00 | 14.00 | 18.00 | 22.00

AUTOMATIC STOP UNLESS REWRITTEN

DRUG (Approved name) | Date

Dose | Frequency | Route

What infection are you treating? | **Stop date**

Prescriber Signature | MCRN

Pharmacist

DAY→ | DATE/MTH → | 06.00 | 10.00 | 12.00 | 14.00 | 18.00 | 22.00

AUTOMATIC STOP UNLESS REWRITTEN

DRUG (Approved name) | Date

Dose | Frequency | Route

What infection are you treating? | **Stop date**

Prescriber Signature | MCRN

Pharmacist

DAY→ | DATE/MTH → | 06.00 | 10.00 | 12.00 | 14.00 | 18.00 | 22.00

AUTOMATIC STOP UNLESS REWRITTEN

Name	Date of Birth:	Hospital No.:	CHECK ALLERGY STATUS

ANTIMICROBIAL PRESCRIPTIONS

ADMINISTERED BY / WITNESSED BY

DRUG (Approved name) | Date

Dose | Frequency | Route

What infection are you treating? | **Stop date**

Prescriber Signature | MCRN

Pharmacist

DAY→			
DATE/MTH →			
06.00			
10.00			
12.00			
14.00			
18.00			
22.00			

Antimicrobial prescribing decision at 24-48hrs and document in chart;
1. Stop antibiotics if no infection 2. Assess for IV-PO switch as per local guidelines
3. Narrower spectrum if possible based on C&S (or broader spectrum if indicated)

AUTOMATIC STOP UNLESS REWRITTEN

DRUG (Approved name) | Date

Dose | Frequency | Route

What infection are you treating? | **Stop date**

Prescriber Signature | MRCN

Pharmacist

DAY→			
DATE/MTH →			
06.00			
10.00			
12.00			
14.00			
18.00			
22.00			

AUTOMATIC STOP UNLESS REWRITTEN

ANTIMICROBIAL THERAPEUTIC DRUG MONITORING

ADMINISTERED BY / WITNESSED BY

	Vancomycin	Gentamicin (Once daily)	Gentamicin (Multiple daily dosing)	Amikacin
	Use local guidelines (+/- local dosing calculator) to determine initial dose. Maximum od dose of gentamicin advised is 480mg			
Timing of 1st level	Pre-dose at 48hrs	16-18hrs post FIRST dose	Trough level at 24hrs, Post-dose (30mins) level at 24hrs	16-18hrs post FIRST dose
Target range(s)	10-15mg/L (or 15-20mg/L)	Trough <1mg/L	Trough <1mg/L, Peak 3-5mg/L	Trough <5mg/L
Repeat levels	Twice weekly (e.g. Mon/Thurs or Tues/Fri) providing level in target range, dose and renal function are stable. If doses are adjusted to optimise levels and/or renal function is unstable, more frequent monitoring is required until they meet the former criteria (see 'Antimicrobial Guidelines')			

DRUG (Approved name)

VANCOMYCIN IV

What infection are you treating?

Start Date	Dose	Freq.	Prescriber Signature (& MCRN)	Stopped	DAY→										
					DATE/MTH										
					Time of level										
					LEVEL										
					06.00										
					10.00										
					12.00										
					14.00										
					18.00										
					22.00										

AUTOMATIC STOP UNLESS REWRITTEN

DRUG (Approved name)

GENTAMICIN IV

What infection are you treating?

Start Date	Dose	Freq.	Prescriber Signature (& MCRN)	Stopped	DAY→								
					DATE/MTH								
					Time of level								
					LEVEL								
					16.00								
					18.00								

Gentamicin is rarely indicated for more than 3-5 days

AUTOMATIC STOP UNLESS REWRITTEN

If other agents requiring therapeutic drug monitoring are necessary, prescribe in regular antimicrobial prescription section with appropriate monitoring of levels.