**AHRQ Safety Program for Improving Antibiotic Use**

Identifying Antibiotic-Associated Adverse Events Form

# PURPOSE OF THIS FORM:

To discuss issues that may result in unnecessary antibiotic administration or antibiotic-associated adverse events that could negatively impact patient safety. All health care providers are encouraged to complete this form. Consider completing this form at least twice a year.

|  |  |
| --- | --- |
| Name (optional) | Date |
| Job Category | Unit |
| **Please describe how you think the next patient in your unit or clinical area will be harmed by an event related to administration of antibiotics or by receiving unnecessary antibiotics.** | |
| **Please describe what you think can be done to prevent or minimize this harm.** | |

# THANK YOU FOR HELPING IMPROVE SAFETY IN YOUR WORKPLACE!