

Nursing Home Antimicrobial Stewardship Guide

Toolkit 2. Monitor and Sustain Stewardship



Tool 2. Antibiotic Use Tracking Sheet [11x17 format]

Month: _____

Resident Name/Identifier	Room #	Admit Date	Admit From	Onset Date	Urinary Tract Infection	Respiratory	Skin/Soft Tissue	Gastrointestinal	Other Infection (Specify)	Signs & Symptoms	Indicate Diagnostic Tool Used and Whether Criteria Were Met	HAI/CA/NHAI/Other Nosocomial*	Lab Results (organism identified)	X ray	Other Contributing Factors	Prescribing Clinician (PC)	Prescription Date	Prescription Duration	Antibiotic Name	Dose	Change of Antibiotic (if needed)	Followup With PC	Followup With Resident/Family	Comments/Notes	

* CAI = community-acquired infection; HAI = hospital-acquired infection; NHAI = nursing home-acquired infection; Other Nosocomial = acquired in another health care setting



Nursing Home Antimicrobial Stewardship Guide

Toolkit 2. Monitor and Sustain Stewardship



Tool 2. Antibiotic Use Tracking Sheet [11x14 format]

Month: _____

Resident Name/Identifier	Room #	Admit Date	Admit From	Onset Date	Type of Infection	Signs & Symptoms	Indicate Diagnostic Tool Used and Whether Criteria Were Met	HAI/CA/NHAI/ Other Nosocomial*	Lab Results (organism identified)	X Ray	Other Contributing Factors	Prescribing Clinician (PC)	Prescription Date and Duration	Antibiotic Name	Dose	Change of Antibiotic (if needed)	Followup With PC	Followup With Resident/Family	Notes/ Comments		

* CAI = community-acquired infection; HAI = hospital-acquired infection; NHAI = nursing home-acquired infection; Other Nosocomial = acquired in another health care setting



Nursing Home Antimicrobial Stewardship Guide

Toolkit 2. Monitor and Sustain Stewardship



Tool 2. Antibiotic Use Tracking Sheet [8.5x11 format, simplified]

Month:

Resident Name /Identifier	Room #	Admit Date	Admit From	Onset Date	Type of Infection	Signs & Symptoms	Indicate Diagnostic Tool Used and Whether Criteria Were Met	HAI/CAI/ NHA1/ Other Nosocomial*	X-ray or Lab Results (organism identified)	Prescribing Clinician (PC)	Prescription Date and Duration	Antibiotic Name	Dose

* CAI = community-acquired infection; HAI = hospital-acquired infection; NHA1 = nursing home-acquired infection; Other Nosocomial = acquired in another health care setting