

**ANTIBIOTIC CONTROL FORM  
HOSPITAL TAIPING, NEGERI PERAK**

Serial No: /

Patient name:		Age:	
RN/ IC No:		Ward/ Bed:	
Admission date:		Weight (kg):	
Antibiotic requested <b>(1 form for 1 antibiotic)</b>	<input type="checkbox"/> Colistin <input type="checkbox"/> Meropenem <input type="checkbox"/> Ertapenem <input type="checkbox"/> Cefepime <input type="checkbox"/> Piperacillin/Tazobactam <input type="checkbox"/> Vancomycin <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Linezolid <input type="checkbox"/> Polymyxin B <input type="checkbox"/> Imipenem/Cilastin		
Dosage & Frequency		Date of treatment started	
Indication	<input type="checkbox"/> <b>Hospital-Acquired Infection</b>	<input type="checkbox"/> <b>Community-Acquired Infection</b>	
Diagnosis <i>*compulsory to fill</i>			
Treat as	<input type="checkbox"/> <b>Empirical Treatment</b> <input type="checkbox"/> <b>Based on C&amp;S results</b>		
Culture result (if available)			
Culture sent prior to starting antibiotic	<input type="checkbox"/> Blood <input type="checkbox"/> Sputum / ETT / Urine / Tissue / Pus / CSF <input type="checkbox"/> Others: _____		
Prescriber's signature & chop		<b>HOD/ Authorized Specialist's signature &amp; chop</b>	Date

**\* Please attach this form together with prescription/advice slip before sending to pharmacy**

**72 HOURS ANTIBIOTIC REVIEW  
(ANTIBIOTIC SUPPLY WILL BE DISCONTINUED IF THIS FORM IS NOT COMPLETED & RETURNED TO PHARMACY DEPARTMENT AFTER 72 HOURS)**

Review Date

Dosage & Frequency		Date of review	
<b>Continuation of Antibiotic Treatment</b>		<i>*Kindly De-escalate Antibiotic if required</i>	
Justification for continuation	<input type="checkbox"/> Empirical treatment. C&S results not available yet		<input type="checkbox"/> Others (kindly justify) _____
	<input type="checkbox"/> Based on C&S Results. Please specify: Date : _____ Type of sample : _____ Microorganism & Sensitivity : _____		
	<input type="checkbox"/> C&S results show no growth but treatment is clinically indicated		
Prescriber's signature & chop		<b>HOD/ Authorized Specialist's signature &amp; chop</b>	
Pharmacist's comment:		Pharmacist's signature & chop	