YAKIN DOĞU ÜNİVERSİTESİ HASTANESİ

ANTIBIYOTIC TRACKING SHEET

Instructions: Please use this form to track all antibiotics that have been prescribed to a resident. Please note that this sheet represents all antibiotics that have been prescribed to **ONE** specific resident.

RESIDENT ID:	Doctor Who Started the Antibiotics:	**ADMISSION DATE:** / /

ANTIBIOTIC #1:

DATE (MM/DD/YY)

START	STOP

DOES PATIENT HAVE ANY OF THE FOLLOWING DEVICES?

YES	NO	
Y	N	URINARY CATHETER
Y	N	CENTRAL LINE
Y	N	VENTILATOR

LTC FACILITY ONLY: DID PATIENT REQUIRE TRANSFER TO HOSPITAL?

YES	NO
Y	N

INDICATIONS FOR USE (*please check all that apply*)

YES	NO	
Y	N	FEVER
Y	N	URINARY TRACT SYMPTOMS
Y	N	RESPIRATORY SYMPTOMS
Y	N	DIARRHEA
Y	N	SKIN/WOUND INFECTION
Y	N	OTHER (Please specify):

YES	NO	
Y	N	IS PATIENT COLONIZED WITH RESISTANT ORGANISM?

DIAGNOSTIC TESTS (*please check all tests that were performed*)

YES	NO		RESULTS
Y	N	BLOOD CULTURE	
Y	N	URINE CULTURE	
Y	N	URINALYSIS	
Y	N	RESPIRATORY SPECIMEN CULTURE/TEST	
Y	N	STOOL CULTURE/TEST	
Y	N	CHEST X-RAY	
Y	N	CBC	
Y	N	WOUND CULTURE	
Y	N	OTHER (Please specify):	

ANTIBIOTIC #2:

DATE (MM/DD/YY)

START	STOP

INDICATIONS FOR USE (*please check all that apply*)

YES	NO	
Y	N	FEVER
Y	N	URINARY TRACT SYMPTOMS
Y	N	RESPIRATORY SYMPTOMS
Y	N	DIARRHEA
Y	N	SKIN/WOUND INFECTION
Y	N	OTHER (please specify):

DIAGNOSTIC TESTS (*please check all tests that were performed*)

YES	NO		RESULTS
Y	N	BLOOD CULTURE	
Y	N	URINE CULTURE	
Y	N	URINALYSIS	
Y	N	RESPIRATORY SPECIMEN CULTURE/TEST	
Y	N	STOOL CULTURE/TEST	
Y	N	CHEST X-RAY	
Y	N	CBC	
Y	N	WOUND CULTURE	
Y	N	OTHER (Please specify):	