



## To Dip or Not to Dip Antibiotic Audit

<b>RACS ID:</b>		<b>Date audit:</b>	/ /	
<b>Resident: Surname</b>		<b>Audit by (name / designation):</b>	(1)	(2)
<b>Resident: First name</b>		<b>Antibiotic allergies / adverse effect:</b>	or not documented	
<b>DOB</b>	/ /	<b>If allergy / adverse effect, nature and severity</b>	or not documented	
<b>Gender</b>	Male Female	<b>Did resident have a urinary catheter at onset of UTI symptoms and signs ?</b>	Yes	No Unknown

Agent	Dose	Route	Frequency	Start date (If antibiotics ≥ 6m, document as ≥ 6M)	Stop or review date? Indicate which is documented		What is the stop or review date?	Condition being treated: Site involved	For urinary tract sites, more details	For urinary tract sites, Indication: Treatment or Prophylaxis	For 3-month audits only. Has resident been on this antibiotic continuously since previous audit?			
					<input type="checkbox"/> Stop	<input type="checkbox"/> Review					Date	See options	See options	Treatment or Prophylaxis
Free text	Free text	O / IM / IV	Daily / BD / TDS / QID / PRN	Date	<input type="checkbox"/>	<input type="checkbox"/>	Date	See options	See options	Treatment or Prophylaxis	Y / N / Not known			
										Treatment or Prophylaxis		Yes	No	Not known
										Treatment or Prophylaxis		Yes	No	Not known
										Treatment or Prophylaxis		Yes	No	Not known
										Treatment or Prophylaxis		Yes	No	Not known

### For antimicrobial prescriptions related to urinary tract sites ONLY

Was antibiotic started while resident at service?	Symptoms or signs related to urinary tract on antibiotic start	GP review: date most recent GP clinical or prescription review related to this condition	GP review: outcome of most recent review, more details	Was urine culture sent? If yes date sent	Acknowledgement of urine culture result by GP or service staff. If yes, date
Y / N	See options, choose all that apply	Date or Not known	See options, choose all that apply	Y / N / Not known If yes, date	Y / N / Not known If yes, date
Yes No				Yes No Not known if yes, date	Yes No Not known if yes, date
Yes No				Yes No Not known if yes, date	Yes No Not known if yes, date
Yes No				Yes No Not known if yes, date	Yes No Not known if yes, date



## To Dip or Not to Dip Antibiotic Audit tool: Instructions and Response Options

Include all prescribed **oral, IM and IV** antibiotics that fall within your survey day. Include PRN, stat antibiotics. Use a separate line for each agent.

**Antibiotic start date:** Document first date antibiotic started irrespective of where it was started e.g. in service, community, hospital). For antibiotics started <6 months, provide specific start date. For antibiotics 6 months or more, document as “≥6 months”. If the exact start date is not known, you can provide an approximate start date to the closest month or mark the start date as unknown.

**Antibiotic stop or review date:** This information is captured over 2 columns. First, indicate if this is a (1) STOP or (2) REVIEW date. Then, document the date. (1) Document STOP date if prescription is for a specific number. STOP date can also be calculated if prescription number of days is recorded. (2) Document REVIEW date if upcoming clinical review where prescription will be reviewed.

### Condition being treated: Site involved

Use the documentation that best reflects current reason for prescribing.

#### Options

1. Urinary tract
2. Respiratory (upper e.g. bronchitis, or lower e.g. pneumonia)
3. Skin and soft tissue (e.g. cellulitis, folliculitis, skin abscess)
4. Oral or genital mucosal infections including Candida and herpes
5. Abdominal including biliary (e.g. colitis, diverticulitis, gastroenteritis, cholecystitis)
6. Eye
7. Ear (e.g. otitis media) / nose and sinuses (e.g. sinusitis) / throat (e.g. tonsillitis)
8. Heart (e.g. endocarditis)
9. Bone (e.g. osteomyelitis) / joint (e.g. septic arthritis)
10. Brain
11. Sepsis (no clear source)
12. Site of infection under investigation
13. Site of condition not documented
14. Other.

**For Urinary Tract sites only,** provide more details.

Choose single option that best reflects current reason for prescribing.

#### Options

1. Cystitis
2. Pyelonephritis
3. Asymptomatic bacteriuria
4. Manipulation of urinary catheter
5. Candiduria (Candida in urine)
6. Prostatitis
7. Sepsis from presumed urinary tract source
8. Recurrent UTI
9. Urinary stent
10. Initiated for urinary tract indication but current indication not documented.

### For Urinary tract sites only, Indication: Treatment (include Long-term treatment to suppress infection) or Prophylaxis.

Treatment = treating active infection. Can include long courses of antibiotics to cure serious infections or to suppress infections that are incurable.

Prophylaxis = preventing infection. Not known = no documentation. Use the documentation that best reflects current reason for prescribing.

#### Options

1. Treatment
2. Prophylaxis
3. Not known.

### For antibiotic prescriptions

#### related to urinary tract sites ONLY

**Symptoms or signs related to urinary tract on antibiotic start.** For some prescriptions such as prescriptions >6 months, this information may be unavailable and option 13 can be selected (Prescription 6 or more months AND information not available).

#### Choose all that apply

1. No symptoms or signs
2. Dysuria, pain or burning on passing urine
3. Fever (≥38° or >1.5° above usual temperature)
4. Rigors, chills, shivering
5. New or worse confusion, agitation
6. Urinary frequency
7. Urinary urgency
8. Urinary incontinence
9. Flank, loin, kidney pain or tenderness
10. Low abdominal pain
11. Visible blood in urine
12. Other, state sign or symptom
13. Prescription 6 months or more AND signs and symptoms not documented.

### GP review: date of most recent GP clinical or prescription review related to this condition.

This information can be found in clinical note entries by nurse or doctor, pharmacist, medication chart / prescription.

**GP review: outcome of most recent review, provide more details.** Include documentation in clinical notes

related to reason for prescription by nurse, doctor, pharmacist. If a repeat prescription is written, that can be used as evidence of documentation of review.

#### Choose all that apply

1. Cease antimicrobial
2. Extend duration antibiotic with stop date
3. Extend duration antibiotic no stop date
4. Change antibiotic
5. Review resident again within 14 days
6. No change to plan from antibiotic start date.

**Was urine culture sent?** Response required only for prescriptions of up to 30 days.

#### Options

1. Yes: Document date.
2. No
3. Not known.

**Acknowledgement of urine culture result by GP or service staff.** This information can be found

on prescription or clinical note entries by nurse or doctor.

#### Options

1. Yes: Document date.
2. No
3. Not known.