



Antibiotic Audit Tool

Resident Name: _____ Date: _____ Auditor: _____

	Yes	No	N/A	Comments
Does resident have an order for an antibiotic?				
Is there documentation for adequate indication (Medical condition, diagnoses, symptoms) for use? List:				
Is site or type of infection documented: List:				
Does the antibiotic have a start and stop date?				
Does the symptoms meet criteria for infection and use of antibiotics?				
Is the antibiotic at the right dose and duration?				
Is there evidence of monitoring for effectiveness of antibiotic?				
Is there evidence of monitoring for side effects or adverse consequences?				
Have diagnostic test been completed as ordered?				
Was physician notified timely of diagnostic results?				
Is resident on the right medication based on diagnostic results?				
Is there evidence of resident/resident representative involvement in the plan of care?				
Does the plan of care address the infection symptoms, medication, considerations, non-pharmacological interventions and special monitoring?				

Follow up: _____

Infection Preventionist: _____ Date: _____

Information compiled for report to the QAA Committee