**Assessment of Appropriateness of Antibiotic Use for
Resistant Gram-Positive Infections**

A. Date:

 Gender: Male Female

 Age:

 Service:

B. PLEASE INDICATE IF DAPTOMYCIN, LINEZOLID OR VANCOMYCIN WAS USED FOR ANY OF THE FOLLOWING INDICATIONS:

 1. Single blood culture positive for coagulase-negative staphylococci, Bacillus species,

Corynebacterium species and/or diphtheroids in the absence of prosthetic joints,

prosthetic cardiac valves, or cardiac implantable electronic devices (including AICD, LVAD

and pacemaker).

 2. Documented infection with Streptococci, Enterococci, or Staphylococci susceptible to a

β-lactam antibiotic, in a patient without documented allergy to β-lactam antibiotics.

 **(If allergy to β-lactam, please answer questions in section C)**

 3. Continued empiric use after 72h despite no cultures collected or negative cultures.

 *(Exceptions should be made for neutropenic patients with an ANC < 500 cells/μL and*

*patients transferred from outside facilities*)

 A. If **Yes**, was an indication documented? (Please specify indication below)

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 B. If **Yes**, were cultures collected?

 C. If cultures were collected, were antibiotics administered before collection?

 4. Treatment of methicillin-resistant *Staphylococcus aureus* (MRSA) isolated from cultures

of the nares or stool (represent colonization).

C. IF ALLERGY REPORTED TO β-LACTAM ANTIBIOTIC, PLEASE ANSWER THE FOLLOWING:

 1. Drug name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Was allergy/adverse drug reaction documented?

 3. Documented allergy or adverse drug reaction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

No