

# Antimicrobial Documentation Guidance

Please ensure appropriate information is added to **all** antimicrobial prescriptions and clinical notes

## Document in Clinical Notes

- Clinical indication (and disease severity if appropriate)
- Name, dose, route and frequency of antimicrobial
- IV Review as per [IVOST guideline](#)
- Document as **IV ReCORD**
- Stop date or duration for oral antimicrobial

<b>IV ReCORD</b>		
Tool to guide review of IV antibiotic therapy within the daily ward round documentation		
Consider and Document (recommended documentation in BOLD)		
<b>Re</b>	<b>Review</b>	Management plan for patient
<b>C</b>	<b>Clinical</b>	<b>Infection Source</b> (include in problem list)
		Physical examination
		<b>Summary of Progress</b> Improving / no change / deteriorating
		Other considerations: Presentation Relevant past medical history
<b>O</b>	<b>Obs</b>	<b>Observations: NEWS Score or individual markers</b> Temperature, respiratory rate, blood pressure, heart rate, oxygen saturation
<b>R</b>	<b>Results</b>	<b>Blood results</b> e.g. white cell count, C-reactive protein (CRP), creatinine
		<b>Microbiology results</b> Awaited/ Positive culture/ Negative results/ No samples taken
		<b>Other relevant investigations</b> Chest X-ray, Urinalysis, etc.
<b>D</b>	<b>Document</b>	<b>Document antibiotic plan</b> <ul style="list-style-type: none"> <li>✓ Day of antibiotics recorded</li> <li>✓ Antibiotic(s) patient currently on e.g. Amoxicillin Day 2</li> <li>✓ Options for outcome of the antibiotic prescribing review:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Stop antibiotics</li> <li><input type="checkbox"/> IV to oral switch and documentation of duration of oral therapy</li> <li><input type="checkbox"/> Continue current antibiotic regime, with reason documented</li> <li><input type="checkbox"/> De-escalate</li> <li><input type="checkbox"/> Escalate</li> <li><input type="checkbox"/> Refer to OPAT</li> </ul> </li> </ul>

**Nurses** should prompt timely medical review of antibiotics but continue to administer until reviewed



## Document on Prescription and Administration Record (Kardex)

- Clinical indication (and disease severity if appropriate)
- Name, dose, route and frequency of antimicrobial
- Stop date or duration for oral antimicrobial
- Stop date, review date for IV antimicrobial

REGULAR THERAPY		Date																	
		Time																	
Medicine/Form	TRIMETHOPRIM	08																	
Dose	200mg	12																	
Route	ORAL	14																	
Signature/Print name	A. DOCTOR	18																	
Pharmacy	07/04/21	20																	
Start Date	TWICE DAILY	22																	
Frequency	UTI																		
Additional Instructions	3 DAYS																		

An Indication      A Stop Date or Duration

REGULAR THERAPY		Date																	
		Time																	
Medicine/Form	AMOXICILLIN	08																	
Dose	1g	12																	
Route	IV	14																	
Signature/Print name	A. DOCTOR	18																	
Pharmacy	07/04/21	20																	
Start Date	3 X DAILY	22																	
Frequency	CAP																		
Additional Instructions	REVIEW 24HOURLY																		

An Indication      A Stop or Review Date

## Core Discharge Document (CDD)

All prescribers must record on the discharge prescription for all antimicrobial agents the :-

- name
- dose
- route
- frequency
- stop date
- Indication

See example in graphic below.

Where the antimicrobial course on discharge is for longer than 2 weeks, please document that a further supply will be required from the GP and a plan for patient review.

AMOXICILLIN 500mg Capsules	New	1g	Oral	3 times daily	Stop after last dose 20/1/22
Indications: Community acquired pneumonia					