

***(Insert Facility Name)***

**ANTIBIOTIC ORDERING AND TRACKING FORM**

**Resident information (can use sticker):**

Patient Name:

Unit:

Date of Birth:

Date: \_\_\_\_\_

Height:

Weight:

Allergies:

**Medication:**

**Drug:**

**Dose:**

**Frequency & Route:**

**Duration:**

**Indication:**



Dispense as Written

Nurses' s Signature/Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescriber signature/Date/Time: \_\_\_\_\_

**Optional Symptom/HPI Documentation:**

Fever	Y	N	Cough	Y	N	Urinary Catheter	Y	N
Dysuria	Y	N	Sputum	Y	N	Central Line	Y	N
Abdominal pain	Y	N	Diarrhea	Y	N	Ventilator	Y	N

Other symptoms/Risk Factors: \_\_\_\_\_

**Exam Documentation**

Vitals:

Exam:

**Diagnostic Testing Results**

No cultures

Tx based on prior lab data

**Impression Plan**

**Signature:**

**Date/Time:**