**Appendix 1.** Form for progress note used by Antimicrobial Stewardship Team. Copyright © 2009 Sunnybrook Health Sciences Centre. Reproduced by permission.



Lesley Palmay

## ANTIMICROBIAL STEWARDSHIP TEAM SUGGESTION FORM

## "Day 3 Reflections"

Our inital pilot project is to review certain targeted antibiotics on the 3rd day of therapy to see if we can offer any advice on how to streamline therapy to decrease antibiotic complications

The antimicrobial stewardship team reviewed this patient because they were prescribed:

Antimicrobial Dose Route Frequency Start Date Indication(s)

CEFTRIAXONE 1G IN D5W 50ML 1 G IV Q24H 2010/01/27 Pneumonia-VAP

impression:	Patient admitted for 15% TBSA b	urn to face/chest after fl	lash electrical fire (no inhalationa
_	injury) on Jan 24. He was extubat	tod Jan 25 Jan 27 ha k	nacama hypotansiya raquiring

injury) on Jan 24. He was extubated Jan 25. Jan 27 he became hypotensive requiring fluid boluses, febrile (Tmax 38.9), and was re-intubated due to resp failure. Chest x-ray notes new L lower lobe opacity, sputum culture was negative. He is now afebrile, weaning from vent, and hemodynamically stable. We agree with treatment choice and

recommend treatment duration of 8 days.

Suggestion(s):
Antimicrobial Dose Route Frequency Review Comment
CEFTRIAXONE 1G IN D5W 1 G IV Q24H Continue - Until Feb 2/2010
50ML unchanged

Signature	Print Name/Credentials	Date
P	rint Name of Infectious Diseases Physician	Date



Supplementary data for Elligsen M, Walker SAN, Simor A, Daneman N. Prospective audit and feedback of antimicrobial stewardship in critical care: program implementation, experience, and challenges. *Can J Hosp Pharm* 2012;65(1):31-36.