

SOUTHWEST MEMORIAL HOSPITAL STEWARDSHIP COMMITTEE

12/10/2015

ASP DOCUMENTATION

Patient Name: **FIN/MRN:**

Diagnosis:

Empiric Antibiotic:

Dose: (Adjust for Renal Function)

Duration: Started:

Ended:

Total Duration:

Desired Duration:

Justification for other than 5-7 days:

De-Escalation

Culture Date:

Organism(s):

Susceptibility Date:

Days to Time Out:

Narrow-Spectrum/Oral Antibiotic:

Dose: (Adjust for Renal Function)

Duration: Started:

Ended:

Total Duration:

Desired Duration:

Justification for other than 5-7 days:

Discharge Antibiotics:

Total days of Inpatient Therapy:

Total days of Outpatient Therapy:

PPI to H2RI:

Kefir: (Circle: Fluoroquinolones, Piperacillin/Tazobactam, Ampicillin/Sulbactam, Cephalosporins, Clindamycin)

Other Notes: