

Main Prescriber (MP) Request Informational Use

Department

Mail

P. Number

Subject Details
Subject Details
1. Subject ID*

(New requests will not display any long request number)

2. Year of Birth*

(Enter "00" for any 18th birthday)

3. Specialty*

eg. Internal Medicine, Psychiatry

Allergy Details
4. Allergy section completed or medication alert*
 No

 Yes

 No

5. Allergy details

6. Administration allergy to:

7. Other? Please specify:

8. Details of allergy recorded

Administrative Details

Where, when & how

How do we best communicate about your work? (e.g. meeting, presentation, poster, website, newsletter, journal)

1. Administrative*

2. Other? Please specify*

3. Administrative*

4. Frequency: Always, Sometimes, Never

5. High level frequency*

Yes No

6. Low level frequency*

7. How well frequency matches appropriate*

Yes No

8. How well frequency matches appropriate*

9. How well frequency matches appropriate*

Yes No

10. How well frequency matches appropriate*

11. How well frequency matches appropriate*

Yes No

12. How well frequency matches appropriate*

Outcomes, impact, influence

13. Indication of impact*

14. How well frequency matches appropriate*

15. Indication of impact*

16. How well frequency matches appropriate*

17. How well frequency matches appropriate*

QUESTION 1 (10%)

101. Is the antimicrobial choice in line with local guidelines (Worrell approach)?

No Yes None to answer No answer Incorrect

No. How appropriate is the antimicrobial combination (to support secondary support) in light of the proposed local antibiotic stewardship guidelines (local antimicrobial prescribing rules)?

102. Is secondary antimicrobial compliant with local restriction policy?

No Yes None to answer No answer Incorrect Yes

103. Is antimicrobial empiric or pathogen directed?

Empiric Pathogen

104. Is overall treatment in line with local guideline guidelines (Worrell approach)?

No Yes None to answer No answer Incorrect

105. Are investigations indicated? Followed with Worrell Physician.

No Yes

QUESTION 2 (10%)

106. Prescribe initial weight?

No Yes

107. How many days till follow weight?

108. Specify drug name if the agent was restricted

109. If other, Please specify

QUESTION 3 (10%)

110. Currently on other antibiotic?

No Yes

111. Suitable for culture?

No Yes No Incorrect No Yes

112. Comments

Additional questions

113. Please enter a or additional antibiotic given against a specific group with which antibiotic is associated with.

