# **Antibiotic Checklist**

Help us to Keep Antibiotics Working.

Are the antibiotics for you?

Please tick

no

yes

#### Administering the flu vaccine. Please tick as appropriate.

- I have discussed flu vaccine eligibility with the patient.
- I have given the flu vaccine on site.

#### The Antibiotic Checklist has not been fully completed because:

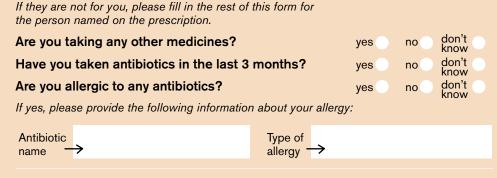
- the patient's representative did not know the information.
- the antibiotics are supplied by delivery service. Consider including a patient information leaflet with the prescription.
- the antibiotics are already dispensed.
- the patient declined.
- other reason. Please write the reason in the space below.



Antibiotic resistance is one of the biggest threats facing us today. Your actions through use of this Antibiotic Checklist will help Keep Antibiotics Working. Find out more and make your pledge at www.AntibioticGuardian.com





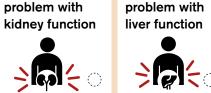


### Do you have one of these common infections? Tick if yes.



### Or something else? Please indicate here.

## Does this describe you? Tick if yes.









yes

#### Have you had a flu vaccine this year?

Your pharmacist can tell you about the things that you can do to help you get better, and give you a leaflet with more information.

Please let your pharmacist know if you need this information in a different language.

Please continue overleaf →

don't

Help us to help you by ticking yes or no by the following statements:



I know that I must take my antibiotics at regular intervals during the day.

yes () no ()



I know whether my antibiotics should be taken with or without food.

yes () no ()



I know that I must take my antibiotics as advised by my doctor, nurse or pharmacist.

yes() no()



I know about the side effects that I might get from my antibiotics.

yes ( ) no ( )



I know whether I need to avoid alcohol whilst I am taking my antibiotics.

yes() no()



I know that I must never share my antibiotics or keep for later use.

yes ( ) no ( )





I know how long my symptoms are likely to last.

yes no



I know when I should seek further help with my infection.



I know that I must return any unused antibiotics to the pharmacy.

yes ○ no ○

I am happy for someone on behalf of Public Health or TARGET Antibiotics to contact me about my visit today.

I would like to be contacted by mobile by email. Tick where appropriate. Please write your email or mobile number below, using one letter or number per box.

# Checklist points

Assessing the antibiotic prescription. Please tick as appropriate.					
I have checked	n/a	yes	no		
for allergies, risk factors, other medication interactions.					
This information is collected from page 1.					
the antibiotic against the local guidance.					
the antibiotic is appropriate for the infection indicated.					
the dose is correct for the indication and patient.					
the duration is correct for the indication.					
I have contacted the prescriber about this antibiotic prescription. Please write the reason and outcome below.	n/a	yes	no		
The following antibiotics have been dispensed					
None Amoxicillin Flucloxacillin Nitrofurantoin  Doxycycline Clarithromycin Phenoxymethylpenicillin (Penicillin V)  Metronidazole Trimethoprim Co-Amoxiclav					
other. Please specify the antibiotic in the space below.					
Giving advice on antibiotics. Please tick as appropriate.	n/a	yes			
I have discussed antibiotic resistance with the patient/carer					
I have discussed antibiotic resistance with the patient/carer as the patient has had antibiotics in the last three months.			no		
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I have given the following patient information leaflet:

UTI	UTI for older adults	managing common infections (self-care)
	O DEL 1	

RTI RTI pictorial dental

other

Please continue overleaf →