

# ANTIBIOTIC AUDIT

Name of the Hospital: \_\_\_\_\_

Date of the Audit: \_\_\_\_\_ Time of the Audit : \_\_\_\_\_ Done by : \_\_\_\_\_

No. of babies in the unit at the time of the audit : \_\_\_\_\_

No. of babies on antibiotics at the time of the audit: \_\_\_\_\_

No. of babies on antibiotics for >5 days in the unit : \_\_\_\_\_

No. of babies with culture positive sepsis : \_\_\_\_\_

No. of babies with Screen positive sepsis : \_\_\_\_\_

No. of babies in the unit on Meropenem : \_\_\_\_\_

No. of babies in the unit on 3<sup>rd</sup> gen Cephalosporins : \_\_\_\_\_

No. of babies in the unit on Vancomycin : \_\_\_\_\_

No. of babies in the unit on Colistin : \_\_\_\_\_

The table below should be filled in at the time of the audit for each individual baby receiving antibiotics :

Sr. No.	1	2	3	4	5
IP No.					
Gender (M/F)					
Birth Weight (In grams)					
Gestation (in weeks)					
Inborn (I)/ Outborn (O)					
Date of birth					

Day of life on day of audit					
Provisional diagnosis					
Risk factors for EOS or LOS (Y/N)					
Indication (prophylactic/empirical/ culture based)					
Probable site of infection (blood/respiratory/ urinary/ others)					
Name of the antibiotics					
Justification for choosing antibiotics (prior antibiotic/ESBL risk/Immuno compromised/ MRSA/Others)					
Days on antibiotic					
Days planned					
Dose chosen appropriate for the condition					
Side effects monitored (Y/N)					
Culture sent (Y/N)					
Culture report					
Change in antibiotic after looking at c/s report					

Source: - UNICEF