Template Feedback Form for Providers: Long-term Care Prescribing

USE THIS SAMPLE TO DEVELOP A FORM FOR YOUR FACILITY

Sample: Prescribing feedback for individual resident situation

Resident: _______________________________________________________________
Infection: _______________________________________________________________
Antibiotic(s) prescribed: ________________________________________________

☐ Resident situation did meet criteria for initiation of antibiotics
☐ Antibiotic selection was consistent with facility’s first-line/empiric treatment protocol
☐ Antibiotic selection was not consistent with facility’s first-line/empiric treatment protocol
☐ Resident situation did not meet criteria for initiation of antibiotics

Specific feedback from [Facility] Medical Director:

If desired, please provide comments for the Medical Director and return to the unit’s nurse manager:

Facility protocols for diagnosis and management of infections can be located on the [Facility] intranet or can be obtained directly from [Infection Preventionist/Other Stewardship Leader].

Thank you for your commitment to antibiotic stewardship and quality care at [Facility]!

[Medical Director] and [Infection Preventionist/Other Stewardship Leader]
03/15/19

To obtain this information in a different format, call: 651-201-5414.