Antibiotic Checklist

Help us to Keep Antibiotics Working.

Are the antibiotics for you?  
If they are not for you, please fill in the rest of this form for the person named on the prescription

Are you taking any other medicines?  

Have you taken the same antibiotics in the last 3 months?  

Are you allergic to any antibiotics?  
If yes, please provide the following information about your allergy:

<table>
<thead>
<tr>
<th>Antibiotic name</th>
<th>Type of allergy</th>
</tr>
</thead>
</table>

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

- chest
- throat
- ear
- urine
- tooth
- skin

Or something else?  
Please indicate here.

Does this describe you?  
Tick if yes.

- problem with kidney function
- problem with liver function
- breast feeding
- pregnant
- over 65

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.
Checklist points

Assessing the antibiotic prescription. Please tick as appropriate.

I have checked
… for allergies, risk factors, other medication interactions.
… treatment with the same antibiotic in the previous 3 months.
   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.

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.

I have discussed antibiotic resistance with the patient/carer as the patient has had the same antibiotics in the last three months.

I have checked the Patient responses to the statements overleaf and given advice as required.

If needed, 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.

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

- I know what to do if I miss a dose of my antibiotics.
- I know whether my antibiotics should be taken with or without food.
- I know why I must take my antibiotics as advised by my doctor, nurse or pharmacist.
- I know whether I need to avoid alcohol whilst I am taking my antibiotics.
- I know why I must never share my antibiotics or keep for later use.
- I know how long my symptoms are likely to last.
- I know when I should seek further help with my infection.
- I know why I must return any unused antibiotics to the pharmacy.

Please write your email or mobile number below, using one letter or number per box.

Staff complete on preparation and hand out of prescriptions. Retain for audit.


Patients complete on hand in of prescription. Staff retain for audit.