

Antibiotic Checklist

For use with patients/carers
collecting antibiotics
by community pharmacy staff



ANTIBIOTIC GUARDIAN

Keep **Anti**biotics Working

Antibiotic resistance is one of the biggest threats facing us today.
Following this simple advice will help Keep Antibiotics Working.

STAGE 1

Antibiotic Checklist
Help us to Keep Antibiotics Working. Please tick.

Are the antibiotics for you? yes no

Are you taking any other medicines?
Are you allergic to any antibiotics?
Have you taken antibiotics in the last 3 months?

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? yes no don't know

If you require a language other than English, please indicate here.

Please continue overleaf →

STAGE 2

Checklist points
Assessing the antibiotic prescription. Please tick as appropriate.

I have checked:
... for allergies, risk factors, other medication interactions.
... 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)
Metrondazole Trimethoprim Co-Amoxiclav
other. Please specify the antibiotic in the space below: _____

Giving advice on antibiotics. Please tick as appropriate: no yes

I have discussed antibiotic resistance with the patient/carer as the patient has had antibiotics in the last three months. no yes

I have checked the Patient responses to the statements overleaf and given advice as required. no yes

I have given the following patient information leaflet:
UTI UTI for older adults dental
RTI RTI pictorial other.

Please continue overleaf →

STAGE 3

Continued from overleaf. Help us to help you by ticking yes no I don't know by the following statements:

I know that I must take my antibiotics at regular intervals during the day. yes no I don't know

I know whether my antibiotics should be taken with or without food. yes no I don't know

I know that I must take my antibiotics as advised by my doctor, nurse or pharmacist. yes no I don't know

I know about the side effects that I might get from my antibiotics. yes no I don't know

I know whether I need to avoid alcohol whilst I am taking my antibiotics. yes no I don't know

I know that I must never share my antibiotics or keep for later use. yes no I don't know

I know how long my symptoms are likely to last. yes no I don't know

I know when I should seek further help with my infection. yes no I don't know

I know that I must return any unused antibiotics to the pharmacy. yes no I don't know

I am happy for someone from Public Health England or my pharmacy 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.

On hand in

Ask the patient/carer to complete pages 1-2 'for patients'

Dispensing

Use the information collected on page 1 to check that the antibiotic is the right type and dose for that patient and that infection. Check against NICE/local antibiotic prescribing guidelines.

On hand out

Use the information gathered from the statements on page 2 to tailor the information you give to the patient/carer. There are several respiratory, urinary, dental and children's leaflets freely available at www.rcgp.org.uk/TARGETantibiotics to support self-care, safety-netting and prevention advice.

For more information on how your community pharmacy can Keep Antibiotics Working, visit Health Education England's AMR Hub and complete the e-module on Antimicrobial Stewardship for Community Pharmacy.

Make your pledge at www.AntibioticGuardian.com

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STAGE 1

The screenshot shows the 'Antibiotic Checklist' for patients. It includes sections for: 'Are the antibiotics for you?', 'Are you taking any other medicines?', 'Do you have any of these common infections?', 'Does this describe you?', 'Have you had a flu vaccine this year?', and 'If you require a language other than English, please indicate here'. The form is designed for patient completion.

On hand in

Ask the patient/carer to complete pages 1-2 'for patients'

STAGE 2

The screenshot shows the 'Checklist points' for pharmacists. It includes sections for: 'Assessing the antibiotic prescription', 'I have checked...', 'The following antibiotics have been dispensed', 'Giving advice on antibiotics', 'I have discussed antibiotic resistance with the patient/carer', 'I have checked the Patient response to the statements', and 'I have given the following patient information leaflet:'. The form is designed for pharmacist completion.

Dispensing

Use the information collected on page 1 to check that the antibiotic is the right type and dose for that patient and that infection. Check against NICE/local antibiotic prescribing guidelines.

STAGE 3

The screenshot shows the 'Checklist points' for patients. It includes sections for: 'I know that I must take my antibiotics as regular intervals during the day', 'I know whether my antibiotics should be taken with or without food', 'I know that I must keep my antibiotics as advised by my doctor, nurse or pharmacist', 'I know about the side effects that might get from my antibiotics', 'I know when I must need to avoid alcohol whilst on taking my antibiotics', 'I know when I must never share my antibiotics or keep for later use', 'I know how long each further help with my infection', 'I know when I should seek further help with my infection', and 'I know that I must return any unused antibiotics to the pharmacy'. The form is designed for patient completion.

On hand out

Use the information gathered from the statements on page 2 to tailor the information you give to the patient/carer. There are several respiratory, urinary, dental and children's leaflets freely available at www.rcgp.org.uk/TARGETAntibiotics to support self-care, safety-netting and prevention advice.

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