

To access the TARGET Antibiotics patient leaflets,  
scan the QR code or visit:  
[www.RCGP.org.uk/TARGET-patient-leaflets](http://www.RCGP.org.uk/TARGET-patient-leaflets)



I have given the following patient information leaflet:

- UTI
- UTI for older adults
- dental
- RTI
- RTI pictorial
- other
- managing common infections (self-care)

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 Checklist

Help us to Keep Antibiotics Working.

Please tick

Are the antibiotics for you? yes  no

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? yes  no  don't know

Have you taken the same antibiotics in the last 3 months? yes  no  don't know

Are you allergic to any antibiotics? yes  no  don't know

If yes, please provide the following information about your allergy:

Antibiotic name  Type of allergy

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

chest <input type="radio"/>	throat <input type="radio"/>	ear <input type="radio"/>	urine <input type="radio"/>	tooth <input type="radio"/>	skin <input type="radio"/>

Or something else?

Please indicate here.

Does this describe you? Tick  if yes.

problem with kidney function <input type="radio"/>	problem with liver function <input type="radio"/>	breast feeding <input type="radio"/>	pregnant <input type="radio"/>	over 65 <input type="radio"/>

Have you had a flu vaccine this year? yes  no  don't know

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 →

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

 <p>I know what to do if I miss a dose of my antibiotics.</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p>	 <p>I know whether my antibiotics should be taken with or without food.</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p>	 <p>I know why I must take my antibiotics as advised by my doctor, nurse or pharmacist.</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p>
 <p>I know about the side effects that I might get from my antibiotics.</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p>	 <p>I know whether I need to avoid alcohol whilst I am taking my antibiotics.</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p>	 <p>I know why I must never share my antibiotics or keep for later use.</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p>
 <p>I know how long my symptoms are likely to last.</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p>	 <p>I know when I should seek further help with my infection.</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p>	 <p>I know why I must return any unused antibiotics to the pharmacy.</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p>

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.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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# Checklist points

Date this checklist was completed:

Assessing the antibiotic prescription. Please tick as appropriate.

I have checked	n/a	yes	no
... for allergies, risk factors, other medication interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... treatment with the same antibiotic in the previous 3 months. This information is collected from page 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the antibiotic against the local guidance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the antibiotic is appropriate for the infection indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the dose is correct for the indication and patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the duration is correct for the indication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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  no

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.

Tick the circles  next to the statements opposite when the advice has been given.

Please continue overleaf →