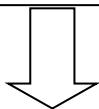


PROTECTED ANTIMICROBIAL USE FORM – ROYAL HOSPITAL FOR CHILDREN

For all WATCH (out with NHS GGC guidelines) and all RESERVE antimicrobials please complete the following:

STEP 1: Check the protected antimicrobial policy for Protected status prior to prescribing

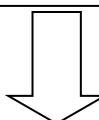


STEP 2: For all protected antimicrobials: Permitted indication YES / NO

Indication for use:

If prescribing for a **non-permitted** indication, please record the name and designation of the authorising specialist, and the date of authorisation: Date :

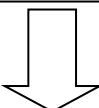
Name : Designation:



STEP 3: Complete patient details below

Name: CHI :

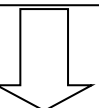
Consultant:



STEP 4: Complete details of the Protected Antimicrobial below

Antimicrobial: Start date: Route:

Dose (mg) : Dose frequency : Intended duration:



STEP 5: Complete prescriber details below & submit to Pharmacy

Name Designation Contact No.

Prescribe the Protected Antimicrobial on the medication chart, including review/stop date.

Review with culture/sensitivity results, response and suitability for IVOST regularly