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 resistance is one of the biggest threats facing us today. Your actions through use of this Antibiotic Checklist will help Keep Antibiotics Working. Find out more and make your pledge at www.AntibioticGuardian.com

Antibiotic Checklist

Help us to Keep Antibiotics Working.

Please tick

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?

Are you allergic to any antibiotics?

Have you taken antibiotics in the last 3 months?

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









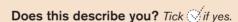


skin



Or something else?

Please indicate here.



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.

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

Please continue overleaf -

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



I know that I must take my antibiotics at regular intervals during the day.

yes () no ()



I know whether my antibiotics should be taken with or without food.

ves () no ()



I know that I must take my antibiotics as advised by my doctor, nurse or pharmacist.

yes () no ()



I know about the side effects that I might get from my antibiotics.

yes () no ()



I know whether I need to avoid alcohol whilst I am taking my antibiotics.

yes () no ()



I know that I must never share my antibiotics or keep for later use.

yes () no ()



I know how long my symptoms are likely to last.

yes () no ()



I know when I should seek further help with my infection.





I know that I must return any unused antibiotics to the pharmacy.

yes () no ()

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.

Checklist points

Assessing the antibiotic prescription. Please tick as appropriate.			
I have checked	n/a	yes	no
for allergies, risk factors, other medication interactions. 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	n/a	yes	no
prescription. Please write the reason and outcome below.			
The following antibiotics have been dispensed			
None Amoxicillin Flucloxacillin	Nitrof	urant	oin

None Doxycycline Metronidazole	Amoxicillin Clarithromycin Trimethoprim	Flucloxacillin Phenoxymethylp Co-Amoxiclav	Nitrofurantoin enicillin (Penicillin V						
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 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.

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

Please continue overleaf →