

Antibiotic Stewardship Chart Audit Tool

Reviewer Name:		Reviewed from Date to Date:	
Clinician Name:		Date of Review:	

Instructions: This Antibiotic Stewardship QA Tool can be used by clinicians to self-audit or to use an audit tool among clinicians. For each of the Criteria below write ✓ for “Yes”, 0 for “No”, “NA” for not applicable, or “S” for See Comments. Any “S” indications that require notes, reflections, or suggestions can be explained in the “Comments” section. When the review and any resolutions are completed, this chart QA tool will be signed and dated by the QA Reviewer and filed within the Quality Management binder. 3 Selection Options: 1) Select 10 cases at random to evaluate when you are prescribing antibiotics. 2) Select 10 cases where you prescribed prophylaxis and review your evidence-based practice. 3) Select 10 dental emergency cases to evaluate when you are prescribing antibiotics

Note: Other indicators or criteria may be added as determined by site staff.

Antibiotic Stewardship Chart Review Section I

Indicator(s)	Chart #														
	Criteria	Date of Treatment													
Informed Consent & Medical History	Is a thorough and up-to-date medical history documented? *														
	Review of allergies, and documentation of confirmation or need for delabeling patient with reported antibiotic allergy?														
	Review and documentation of complications with taking antibiotics? (ex. CDI)														
	Was a history of recent medical or dental treatment that required antibiotics documented?														
Diagnosis	Was an Intraoral/extra, hard and soft tissue oral examination completed?														
	Were appropriate radiographs obtained?														
	Was full endodontic testing of affected teeth completed? (including percussion, palpation, probing depths, cold or heat test, and electronic pulp testing)														
	Was a conclusive diagnosis reached?														
Indication for Antibiotic Use	Please check any of the following common symptoms that suggest an antibiotic was warranted:														
	Prophylaxis due to Joint Replacement														
	Prophylaxis due to Cardiac Condition														
	Prophylaxis due to Other Condition (Write in your Post – Audit Notes)														
	Prophylaxis due to Surgical Procedure														
	Localized fluctuant swelling														
Gross or diffuse swelling															

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	Elevated Temperature											
	Fatigue or Malaise											
	Unable to remove drain or source of infection											
	Uncertainty of Diagnosis											
	Delayed Treatment or Specialty Referral											
	Patient Expectation											
	Other											
Treatment	Was a clinical intervention rendered?											
	If not, did the patient need to be referred to a specialist?											
	Were antibiotics prescribed as an adjunct to definitive treatment?											
	Were antibiotics prescribed as palliative treatment?											
	Did the condition resolve?											
	If necessary, was the referral completed?											
Stewardship Review	After reviewing the case and the guidelines, did you prescribe an antibiotic appropriately?											
	Was the correct drug prescribed for the diagnosed condition based on the current guidelines?											
	Was the dose of the antibiotic prescription appropriate?											
	Was the duration of the antibiotic prescription appropriate?											
	Was the frequency of the antibiotic prescription appropriate?											

Antibiotic Stewardship Chart Review Section II			
Charts with a "0" or "S":	Notes	Recommendation if Any	Date Reviewed or Resolved

Quality Assurance Review Completion: _____ **Date:** _____