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| --- | --- | --- | --- | --- |
| Patient name: | | | Hospital No: | |
| D.O.B: | | | Ward / Dept: | |
| Brief summary of query: | | | | |
| Relevant historical details (eg PUO give detailed travel history, infected surgical implants detail dates of implant, onset of infection.  Surgical patients; details of washouts, debridements, retention, removal or replacement of prosthetic components, relevant surgery & imaging etc): | | | | |
| Past Medical History (Please include details of any prosthetic material not mentioned above eg pacemakers, grafts, heart valves etc): | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Antibiotic | Route | Dose | Freq. | Planned  Duration | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   Any antibiotic allergies (please include nature of allergy):  Patient antibiotic history: | | | | |
| Relevant blood tests including trends (e.g.WCC, CRP, eGFR , antibiotic assays etc): | | | | |
|  | | | | |
| Relevant Microbiology (please include positive & negative culture results from all deep tissue samples) : | | | | |
| Date of specimen | Type of specimen including site | Culture results | | Sensitivities  (S=sensitive, R=resistant) |
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