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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): |
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| Antibiotic | Route | Dose | Freq. | PlannedDuration |
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Any antibiotic allergies (please include nature of allergy):Patient antibiotic history: |
| Relevant blood tests including trends (e.g.WCC, CRP, eGFR , antibiotic assays etc): |
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| 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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