

Template Feedback Form for Providers: Long-term Care Prescribing

USE THIS SAMPLE TO DEVELOP A FORM FOR YOUR FACILITY

Sample: Prescribing feedback for individual resident situation

Resident: _____

Infection: _____

Antibiotic(s) prescribed: _____

- Resident situation did meet criteria for initiation of antibiotics
 - Antibiotic selection was consistent with facility's first-line/empiric treatment protocol
 - Antibiotic selection was not consistent with facility's first-line/empiric treatment protocol
- Resident situation did not meet criteria for initiation of antibiotics

Specific feedback from [Facility] Medical Director:

If desired, please provide comments for the Medical Director and return to the unit's nurse manager:

Facility protocols for diagnosis and management of infections can be located on the [Facility] intranet or can be obtained directly from [Infection Preventionist/Other Stewardship Leader].

Thank you for your commitment to antibiotic stewardship and quality care at [Facility]!

[Medical Director] and [Infection Preventionist/Other Stewardship Leader]

TEMPLATE FEEDBACK FORM FOR PROVIDERS: LTC PRESCRIBING

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To obtain this information in a different format, call: 651-201-5414.

