Antibiotic Checklist

Help us to Keep Antibiotics Working.

Please tick as appropriate.

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 if yes.

Or something else? Please indicate here.

Does this describe you? Tick if yes.

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.

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

Pharmacists

Patients

Staff complete on preparation and hand out of prescriptions. Retain for audit.

Patients complete on hand in of prescription. Staff retain for audit.
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.
- yes ☑ 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.
- yes ☑ no ☐

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.

Giving advice on antibiotics. Please tick as appropriate.

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:
- UTI ☑ UTI for older adults ☐ dental ☐
- RTI ☑ RTI pictorial ☐ other ☐

Please continue overleaf →