

## Start of antibiotic therapy

Date: .....  
Time: .....  
Physician: .....

### 1. Probability of infection:

- possible       probable       proven

### 2. Suspected site of infection:

- line       chest       urine       wound       other: .....

### 3. Signs of infection:


- temp       CRP, WBC       cardio-vascular instability  
 CXR changes       "abnormal" ETT-secretions  
 abdominal concerns       local wound infection

### 4. Culture:

- of .....       positive with .....

## Review 48h after start

Date: .....  
Time: .....  
Physician: .....

- No or unlikely infection:**       stop antibiotics
- Unproven but probable infection:**
- Reason to continue therapy:       CRP, WBC       clinical reason
- Plan of antibiotic therapy:       total 5 days       review day 5: .....
- Proven infection (culture positive):**
- Target the pathogen:
- antibiotics already optimal
- change of antibiotics according to sensitivity
- no change due to clinical reasons
- Plan of antibiotic therapy:       total .....days
- review day 5: .....

## Review day 5 after start

Date: .....  
Time: .....  
Physician: .....

- Unproven infection:**
- Antibiotic therapy:       continue therapy       stop therapy
- Reason to continue therapy       clinical reason       CRP, WBC
- Plan of antibiotic therapy:       total 7 days       total ... days
- Proven infection (culture positive):**
- Antibiotic therapy:       continue therapy       stop therapy
- Target the pathogen:
- antibiotics already optimal
- change of antibiotics according to sensitivity
- no change due to clinical reasons
- Plan of antibiotic therapy:       total 7 days       total ... days