# 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]

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

