



Clinical Audit - Antibiotic Prescribing

(CQC Outcome 9: Management of medicines)

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Reference No:

Aims and objectives:

The purpose of this audit is:

- To help dentists develop and follow a consistent rationale for prescribing antibiotics.
- To review their prescribing patterns to ensure they are following current guidance and best practice.
- To help reduce the use of antibiotics.
- To help develop an Antibiotic Protocol.

Anticipated outcome:

Following this audit you should have a clear understanding of your current antibiotic prescribing patterns which you can use as the basis for developing and implementing an Antibiotic Protocol. (Or reviewing you Antibiotic Protocol)

In the light of this knowledge, consider what changes (if any) to recommend and decide on a plan of action.

1. Planning the audit:

1. Discuss and decide within your practice how the audit will be conducted and how the findings will be evaluated.
2. Decide when the audit will be carried out and consider any practical issues relating to the audit. For example having the **Recording Form** readily to hand when you prescribe antibiotics or accessing your records at another convenient time.
3. Try to stick to a timetable so the audit can be completed promptly.

2. Doing the audit:

1. Each time you prescribe antibiotics for a patient, use the **Audit Recording Form** to record each item in turn. Place a tick in the relevant column for each positive response. Repeat this process for 20 patients.
2. Record the percentage of positive responses for each criteria and transfer to the **Summary and Action Form**.

3. Completing the audit:

Complete the **Summary and Action Form**. Discuss the findings within the Practice and with your colleagues. It could be part of a peer review project or part of a staff meeting where appropriate.

- What are the significant findings? Are current guidelines being followed? Is the use of antibiotics appropriate for the patient's condition? Is an Antibiotic Protocol being followed?
- Do systems within the organisation need to be improved, changed or modified?
- Is further CPD required in this subject? When do you need to re-evaluate any changes that are implemented?

Check out the links to other sources of information and help from the section where you downloaded this.

How is your CPD certified?

Give your Practice Manager (or whoever is registered) your GDC number to allow them to validate your CPD.

Your provider will enter the details of this activity and your GDC number through their log-in, to confirm that you have completed this CPD. The next time you log-in following this, the activity and a certificate will automatically have been added to your records. You can provide feedback if you want to



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AUDIT RECORDING FORM	20 patients who have recently had antibiotics prescribed. (Each time you prescribe an antibiotic tick the column for each <u>positive response</u>)																				%
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Recorded information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an Antibiotic Protocol which you followed?																					
Was a clinical diagnosis of the problem recorded?																					
Was the type of antibiotic, the dose, frequency and duration recorded in the notes?																					
Is there an up to date medical history readily available?																					
Where any of the following clinical features present?																					
Evidence of systemic spread (eg: swelling and pyrexia)?																					
Pain?																					
Localised fluctuant swelling?																					
Gross diffuse swelling?																					
A periodontal abscess?																					
Difficulty in swallowing?																					
Which antibiotic did you prescribe?																					
Penicillin																					
Amoxicillin																					
Erythromycin																					
Metronidazole																					
Clindamycin																					
Cefalexin																					
Tetracycline																					
(Others)																					
Did any of the following influence your choice of antibiotic?																					
The patient's condition?																					
Other medication that the patient is taking?																					
Any recent antibiotics?																					
Patient allergy?																					
Did any of the following influence your decision to prescribe antibiotics?																					
Need to do something 'active' (eg: patient expectation)?																					
Time pressures?																					
Uncertainty of diagnosis?																					
Treatment delayed due to failure of anaesthesia?																					
Patient failed to co-operate with other treatment?																					
<p>Add up the number of ticks in each row and record as a percentage in the column above ▲ (Transfer this to the summary and action form and use this as the basis for deciding on any further action)</p> <p>Number of ticks: 0 = 0%, 1 = 5%, 2 = 10%, 3 = 15%, 4 = 20%, 5 = 25%, 6 = 30%, 7 = 35%, 8 = 40%, 9 = 45%, 10 = 50%, 11 = 55%, 12 = 60%, 13 = 65%, 14 = 70%, 15 = 75%, 16 = 80%, 17 = 85%, 18 = 90%, 19 = 95% 20 = 100%</p>																					



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SUMMARY & ACTION FORM

Undertaken by:

Date:

Venue:

Reference No:

Summarise the results of the audit by writing in the % for each recorded item in the column where indicated below.	%	?
Summary of recorded information		Considerations
Do you have an Antibiotic Protocol which you followed?		<p>What are the probable reasons for the variations in the % for each item?</p> <p>Are they significant and does it matter?</p> <p>Are there any changes that you think should be considered as a result of this audit?</p> <p>Are there any practical changes that could be made that would help, and what are they?</p> <p>Do you need to consider further CPD in relevant subjects?</p> <p>If you decide to implement changes as a result of the findings you should repeat the audit to assess the effect of the changes that you have made. Consider re-auditing after 6 months. Repeating the audit at regular intervals creates an 'audit trail' with which you can monitor changes and identify problems and improvements. This can be a strong motivating influence, especially when efforts are rewarded with an improved audit result. If you carry out the same audit several times and find that the results have been consistently good you may only need to audit occasionally, perhaps once a year to ensure that standards are being maintained.</p> <p>Audits can play an important role in providing evidence for CQC compliance and help verify clinical and managerial systems of governance</p> <p>Do you need further practical help? Log on at: www.CPDrecords.com</p>
Was a clinical diagnosis of the problem recorded?		
Was the type of antibiotic, the dose, frequency and duration recorded in the notes?		
Is there an up to date medical history readily available?		
Where any of the following clinical features present?		
Evidence of systemic spread (eg: swelling and pyrexia)?		
Pain?		
Localised fluctuant swelling?		
Gross diffuse swelling?		
A periodontal abscess?		
Difficulty in swallowing?		
Which antibiotic did you prescribe?		
Penicillin		
Amoxycillin		
Erythromycin		
Metronidazole		
Clindamycin		
Cefalexin		
Tetracycline		
(Others)		
Did any of the following influence your choice of antibiotic?		
The patient's condition?		
Other medication that the patient is taking?		
Any recent antibiotics?		
Patient allergy?		
Did any of the following influence your decision to prescribe antibiotics?		
Need to do something 'active' (eg: patient expectation)?		
Time pressures?		
Uncertainty of diagnosis?		
Treatment delayed due to failure of anaesthesia?		
Patient failed to co-operate with other treatment?		

Recommended action (Continue overleaf if required):

Signed:

Date: