Survey Of Antibiotic Use In Long-Term Care Facilities

Please complete and submit the survey on antibiotic use at least monthly for your facility. You are welcome to complete and submit the survey more frequently if desired. Unless specified, responses should combine IV and Oral antibiotic use.

Thank you!

If you are unable to submit the survey on REDCap, please fill out the PDF form and send to colleen.roberts@tn.gov.

1) Name of Facility _____

2) Facility NHSN ID (if applicable) _____

3) Number of Facility Beds _____

4) Data Collector Name _____

5) Contact Phone Number _____

6) Contact Email _____

7) Date of Survey _____

8) Census in the facility at 9:00 AM (or other specified time) on survey date _____
(This number will be your denominator and total survey population)

Please indicate the total number of residents in the facility who received the following antibiotics during the 24-hour period prior to the survey date.

9) Any antibiotic _____

10) Ciprofloxacin (Cipro) _____

11) Levofloxacin (Levaquin) _____

12) Moxifloxacin (Avelox) _____

13) Trimethoprim/Sulfamethoxazole (Bactrim, Septra) _____

14) Nitrofurantoin (Macrobid) _____

15) Azithromycin (Zithromax, Z-pac) or Clarithromycin (Biaxin) _____

16) Amoxicillin/Clavulanic Acid (Augmentin) _____

17) Amoxicillin _____

18) Ceftriaxone (Rocephin) _____

19) Cephalexin (Keflex) _____

20) Vancomycin (IV) _____

21) Vancomycin (PO) _____

22) Piperacillin/tazobactam (Zosyn) _____

23) Metronidazole (Flagyl) _____