HAH CENTENARY HOSPITAL

(Associated Teaching Hospital of Hamdard Institute of Medical Sciences & Research)
Guru Ravidas Marg, Hamdard Nagar, New Delhi-110062
Helpline No: 011-29901111, 8588890999

H-2022-1041
Oct 07, 2022 - Oct 06, 2026

RESTRICTED ANTIMICROBIAL FORM

Patient information			
Patient name:		IP Number:	Department/Ward:
Age:	Sex: Male ☐ Female ☐	Allergies:	

Indication for Antimicrobial treatment:

Has the patient already received Antimicrobial(s)? Yes ☐ No ☐ If yes, what?

Antimicrobial(s) prescribed	Dose and duration	Administration route	Interval	Why is the treatment not adequate?

Request for restricted Antimicrobials

Antimicrobial(s) requested	Dose and duration	Administration route	Interval	Reason for request

Are microbiology test results with sensitivity testing available? Yes ☐ No ☐ If yes, provide details:

Date	Specimen	Pathogen identified and susceptibility results

Please Tick wherever appropriate

Risk Factors for ESBL
☐ Prior Antibiotic Use (Within 90 Days)
☐ Recent Hospitalization (> 2 DAYS,within 90 days)
☐ Current Hospitalization (>5 days)
☐ Prolong Mechanical Ventilation (> 3 days)
☐ Immunosuppression
Risk Factors for Invasive Candidiasis / candidemia
☐ Immunosuppression
☐ Dialysis
☐ Prolonged Hospitalization (> 5 days)
☐ Previous Broad Spectrum Antibiotic use
☐ CVP/HD Catheter/ PA catheter
☐ Total Parenteral Nutrition

Risk Factors for MDR infection
☐ Prior Antibiotic Use (within 90 days)
☐ Recent Hospitalization (> 2days
☐ Current Hospitalization (>5 days)
☐ Chronic/ Nursing home care
☐ Dialysis
Risk Factors for MRSA infection
☐ Immunosuppression
☐ Dialysis
☐ Exposure to MRSA
☐ Age > 65 years
☐ Chronic/Nursing home care
☐ Multifocal candida colonisation

Date & Time **Requesting Doctor's Sign & Stamp**