**ANTIBIOTIC OUTCOME MEASURE TRACKING**

**Hall/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Resident Days for the Month: \_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Resident** | **Room #** | **Clostridioides Difficile** | **Antibiotic Resistance****(Specify Drug Resistant Organism and whether Multidrug Resistant)** | **Adverse Drug Event r/t Antibiotic Use****(Specify Nature of Event)** |
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**Rate of C. Difficile Infections** (# of residents with C. diff/total number of resident days x 10,000): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rate of Antibiotic Resistance** (# of residents with resistance/total number of resident days x 1000): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rate of Adverse Drug Events** (# of residents with adverse drug event/total number of resident days x 1000): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Reported to QAA Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_