

1st DOSE Neonatal/Pediatric Antibiotic Tracking - Quality Improvement Project

Date:	
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Unit: NICU ☐ PEDI ☐ ER ☐

Medication:

Ampicillin	
Cefepime	
Ceftriaxone	
Clindamycin	
Gentamicin	
Nafcillin	
Pip/Tazo	
Tobramycin	
Vancomycin	
Other	

Dilution available (Y/N)	
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Preparation Time	
1st Pharmacist Check (time)	
2nd Pharmacist Check (time)	

Sent via:	Tube # _____	Hand Delivered
Time:		

Receiving Signature	
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Comments	
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Place bottom section of IV label here

*****Place completed forms on unit pharmacist's desk*****