



## Antibiotic Stewardship TeleECHO™ Clinic Patient Case Presentation Form

Please complete this form and fax to 505-272-6906 or email to [antimicrobialecho@salud.unm.edu](mailto:antimicrobialecho@salud.unm.edu)

Date:	Presenter Name:	Hospital:
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Check One	<input type="checkbox"/> New Patient Presentation	<input type="checkbox"/> Follow-up from Previous Patient Presentation
Length of Stay:		
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lbs

What are your specific question(s) about this case? (Please keep this to one or two questions only)

Feedback requested (check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Antimicrobial susceptibility interpretation</li> <li><input type="checkbox"/> Length of therapy</li> <li><input type="checkbox"/> Deescalation</li> <li><input type="checkbox"/> Antibiotic selection/regimen</li> <li><input type="checkbox"/> Unusual pathogen</li> <li><input type="checkbox"/> Clarification of syndrome/infection</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Possible non-infectious syndrome</li> <li><input type="checkbox"/> Colonization vs. infection</li> <li><input type="checkbox"/> Failing current antibiotic regimen</li> <li><input type="checkbox"/> Approach to prescribers</li> <li><input type="checkbox"/> Other (please describe):</li> </ul>
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Summary of patient's case:

Current antibiotics (dose, duration, route):	Other recent antibiotics: <input type="checkbox"/> Check if NONE
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Antibiotic Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one(s):	Describe reaction

Current WBC:	Latest BUN/Creatinine:		
Complete if relevant to your question:	WBC trend:	Cr trend:	
	Date of last fever:		



Other pertinent lab/diagnostic results: (please fax **relevant** culture reports)

Brief summary of relevant imaging results:

**When we receive your case, we will email or fax you a confidential patient ID number (ECHO ID) that must be utilized when identifying your patient during clinic.**

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any UNMHSC clinician and any patient whose case is being presented in a Project ECHO setting.