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| Patient name (or comp number) | Clinical Evidence recorded in notes – temp always recorded | | | | This section for Auditing use only | | | | | | |
| Documented reason for choice of antibiotics if **NOT** 1st line | | Recorded in notes and on prescription | | | Reason for Rx documented | Reasons noted if outside guidance |
| Diffuse swelling | Pain | Temp recorded | Lymphadenitis | MH or allergy | Recent Rx | Dosage | Frequency | Duration |
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| Totals |  |  |  |  |  |  |  |  |  |  |  |