



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

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?

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

<p>Current antibiotics (dose, duration, route):</p>	<p>Other recent antibiotics:</p> <p><input type="checkbox"/> Check if NONE</p>
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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.