**Antibiotic Count Down**

*Use this form to help track your baby’s antibiotic administration and to assist in communicating important information to your healthcare team.*

Name of antibiotic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible side effects: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Antibiotic start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated #number of doses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dose #**  *(e.g., 1..4)* | **Date & Time**  *(e.g., 2/4/21 AM)* |  | **Dose #**  *(e.g., 12…14)* | **Date & Time**  *(e.g., 2/7/21 PM)* |
| 1 |  |  | 16 |  |
| 2 |  |  | 17 |  |
| 3 |  |  | 18 |  |
| 4 |  |  | 19 |  |
| 5 |  |  | 20 |  |
| 6 |  |  | 21 |  |
| 7 |  |  | 22 |  |
| 8 |  |  | 23 |  |
| 9 |  |  | 24 |  |
| 10 |  |  | 25 |  |
| 11 |  |  | 26 |  |
| 12 |  |  | 27 |  |
| 13 |  |  | 28 |  |
| 14 |  |  | 29 |  |
| 15 |  |  | 30 |  |



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