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| Date  | Patient name (or comp number) | Clinical Evidence recorded in notes – temp always recorded |  |
| Reason for choice of antibiotics if **NOT** 1st line | Name of drug given | Recorded in notes and on prescription | Reason for Rx documented  | Reasons noted if outside guidance |
| Diffuse swelling | Temp of pt | Lymphadenitis | How long ago was last script | Was the pt followed up after 3 days? | MH or allergy | Recent Rx |  | Dosage | Frequency | Duration |  |  |
| *16.1.25**example* | *Joe Bloggs* | *Yes*  | *38 °C* |  | *2 years* |  |  |  | *Amox*  | *500mg* | *TDS* | *Up to 5/7* | *Yes*  | *N/A* |
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