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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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