

Audit form CRP testing enhanced service

Practice Name		
Clinician name		
Patient NHS Number		
Age:	Sex: (M/F)	Date:

Reasons for considering antibiotics in this case (circle all relevant)

- Severe illness antibiotics may be needed
- Patient concern about illness
- Patient expectation for antibiotics
- Relevant comorbidity (e.g. diabetes chronic lung disease ckd)

History and examination findings

Duration of cough (days)	
Presence of discoloured sputum Y/N	
Runny nose Y/N	
Breathlessness Y/N	
Crackles in chest Y/N	
Pulse (bpm)	
Temperature (C)	
Oxygen Saturation	
CRP result	

Antibiotic prescribed? (circle) Yes No Delayed

If delayed how long did you suggest delay (in days):