National Bone & Joint Infection Registry

PLEASE RETURN THIS FORM TO YOUR BAJIR ADMINISTRATOR FOR DETAILS TO BE ADDED TO THE REGISTRY

BAJIR – SYSTEMIC MEDICAL MANAGEMENT

PATIENT ID (Label preferred):

(Minimum required:
Name, D.O.B, NHS Number)

NAME OF PRESCRIBING DOCTOR:

Please complete all parts by ticking the most appropriate box.
These reflect the drop down options in the registry and there is no facility for free-text unless stated

DATE ANY PREVIOUS TREATMENT STOPPED: _____

DATE NEW TREATMENT TO COMMENCE: _____ **INTENDED DURATION OF TREATMENT :** _____WEEKS

DELIVERY: ☐ **ORAL** ☐ **I.V**

ORAL ANTIBIOTICS REGIME:

☐ AMOXICILLIN	☐ FLUCLOXACILLIN	☐ COAMOXICLAV	☐ CLINDAMYCIN	☐ CLARITHROMYCIN
☐ AZITHROMYCIN	☐ FUSIDIC ACID	☐ DOXYCYCLINE	☐ MOXIFLOXACIN	☐ CIPROFLOXACIN
☐ TRIMETHOPRIM	☐ COTRIMOXAZOLE	☐ RIFAMPICIN	☐ LINEZOLID	☐ PRISTINAMYCIN
☐ TB	☐ METRONIDAZOLE	☐ ANTIFUNGAL		

I.V ANTIBIOTICS REGIME:

☐ BENZYLPENICILLIN	☐ AMOXICILLIN	☐ FLUCLOXACILLIN	☐ COAMOXICLAV	☐ CEFTRIAXONE
☐ PIPERACILLIN	☐ TAZOBACTAM	☐ CEFTAZIDIME	☐ ERTAPENEM	☐ MEROPENEM
☐ VANCOMYCIN	☐ TEICOPLANIN	☐ DAPTOMYCIN	☐ GENTAMYCIN	☐ TIGECYCLINE
☐ METRONIDAZOLE	☐ OTHER (Please state) _____			

PHAGE TREATMENT: (Please give details)