

ภาคผนวก ง
แบบฟอร์มการเก็บข้อมูล

Name..... HN..... AN.....
 Age.....yr. Sex..... WtHt.....
 Address.....Phone.....
 CC.....
 PI
 PMH.....
 Allergy.....SH..... EtOH.....Tob..... FH.....
 MH.....
 PE Temp.....C BP..... PR...../ min RR..... / min
 GA.....
 Dx.....

Hospital.....
 ward/bed.....
 Admit date.....

Incision ASA class.....E .p.....

Type of surgery	date	Time at initial of incision	Time at end of incision	Usage incision time

Antimicrobial prophylaxis (date.....)

Antibiotic selection	Pre-op Dose/route	Time at admi- nistration	Contineous dose/interval	No. dose / duration	Total cost of drug	guideline cost	prolong cost

Pre-op Dx.....operation.....post-op Dx.

Procedure of incision.....

Summary appropriate of antimicrobial prophylaxis

Type of surgery.....

Indication yes no

Drug yes no

Dose yes no

Route yes no

Interval yes no

Time early preoperative

perioperative postoperative

Duration yes no

D/C...(Doctor F/U.....)

