**医疗机构碳青霉烯类抗菌药物及替加环素使用情况信息表**

**西安交通大学第二附属医院**

**科室名称： 统计时间：20 年 月 日至20 年 月 日 科主任签字：**

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| **抗菌药物名称** | | **用药病人信息** | | **用药信息** | | | | | | | |
| **商品名** | **通用名** | **姓名** | **病历号** | **用药主要诊断** | **药物用法** | **感染性疾病科是否会诊** | **使用前是否微生物送检** | **是否紧急情况下使用** | **处方医师** | **处方时间** | **审核药师** |
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