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| **Table 1.** Antimicrobial use error classification |
| 1. Antimicrobial regimen confers a heightened risk of clinical failure as compared with the standard of care
 |
| * 1. Appropriate initiation of therapy delayed one or more calendar days
 |
| * 1. Antimicrobial spectrum of regimen likely or confirmed not to include infecting pathogen
 |
| * 1. Antimicrobial regimen likely less effective than formulary alternative
 |
| * 1. Antimicrobial dose is too low
 |
| * 1. Antimicrobials given for insufficient duration
 |
| * 1. The wrong route is employed, e.g., oral therapy for endocarditis
 |
| * 1. Potency-limiting drug-drug or drug-food interaction
 |
| * 1. Other
 |
| 1. Regimen confers a heightened risk of patient injury compared with the standard of care
 |
| 1. Use of drug class to which patient has documented allergy
 |
| 1. Dose exceeds manufacturer’s recommendations
 |
| 1. Dose is not adjusted for renal impairment
 |
| 1. Use of drug that is contraindicated by renal or hepatic impairment
 |
| 1. Other
 |
| 1. Unnecessary antimicrobial use in the context of
 |
| 1. Clinical illness is unlikely to have been caused by treatable infection
 |
| 1. Treatment is directed at culture result that likely represents colonization
 |
| 1. Treatment is directed at culture result that likely reflects contamination
 |
| 1. Treatment is directed at errant interpretation of a radiographic study
 |
| 1. Treatment duration already sufficient for cure
 |
| 1. Other
 |
| 1. Regimen is unnecessarily complex, without excess risk of clinical failure or toxicity
 |
| 1. Multidrug regimen with unnecessarily redundant antimicrobial spectra,
 |
| 1. Multidrug regimen with drug with superfluousa antimicrobial spectra
 |
| 1. Regimen is unnecessarily broad-spectrum or expensive
 |
| 1. Intravenous therapy is used when oral should be effective
 |
| 1. Other
 |

a -A drug given to a patient lacking a valid indication for it, e.g., IV vancomycin given to a patient with intraabdominal infection.