



National Antimicrobial Targeted Point Prevalence Survey for Route of Administration (2025 Route tPPS)

Protocol v1.1-2025

Version	Date	Changes from previous version	Drafted by
1.0	19/08/2025	-	AMRIC
1.1	05/09/2025	QR code added to appendix 2.	AMRIC

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Introduction to the 2025 Route of Administration tPPS

The primary aim of the National Antimicrobial Targeted Point Prevalence Survey for Route of Administration (2025 Route tPPS) is to support hospitals and pharmacy/AMS teams to drive quality improvement in switching patients, when indicated, from intravenous to oral antimicrobials. This was identified as a key recommendation in the report on the National Antimicrobial PPS 2024. The following protocol will provide all the procedures required to conduct the 2025 Route tPPS.

2025 Route tPPS documents

All documents are available on the [PPS webpage on antibioticprescribing.ie](https://www.hse.ie/eng/pps/antibioticprescribing)

- National Antimicrobial Targeted Point Prevalence Survey for Route of Administration (2025 Route tPPS) – **Protocol**
- **Patient Data Collection Form** Route of Administration tPPS
- Route of Administration tPPS **Ward Data Collection Form**
- **Data Entry Tool:** National Antimicrobial Targeted Point Prevalence Survey (tPPS) for Route of Administration

Instructions

1. Planning

This section will provide guidance on planning the 2025 Route tPPS in the hospital. It is of most relevance to the local 2025 Route tPPS Team Lead at the hospital.

1.1. Timing of the 2025 Route tPPS

- The **surveying/data collection period** for the 2025 Route tPPS is **15th Sept 2025 to 10th Oct 2025**.
- As the focus of this data collection is on medical wards (see 2.1), hospitals with no medical wards (e.g. surgical only speciality hospitals) can just complete the 2025 SAP tPPS.
- **Inform key stakeholders and decide a suitable date** or dates on which to conduct the 2025 Route tPPS within the data collection period. Key stakeholders could include, but are not limited to:
 - pharmacy department
 - medical department
 - AMS team
 - consultant microbiologists and infectious disease (ID) consultants
 - CNMs, ward clerks
- Any queries on the procedures in this protocol can be submitted to amricepitem@hse.ie. Please include "ROUTE2025TPPS" in the subject line.

1.2. Governance, team management and training

- **Apply for any local approval** to carry out the 2025 Route tPPS in your hospital, if required.
- **Assemble a team of staff** (the Route tPPS Team) who are willing to assist with data collection. The Route tPPS Team should be headed by Team Lead and one or more data collectors. Data collectors can be representatives from the multidisciplinary team, including consultants, NCHDs, pharmacists, nurses, etc. There also may be opportunities for you to supervise students' involvement in this process.
- **Train the team in advance** of the 2025 Route tPPS start date. All members of the Route tPPS Team must fully understand the surveying and data collection processes explained in [Section 2](#).
- **Print sufficient Patient Data Collection Forms and Ward Data Collection Forms**, as required.

- **Print copies of the Protocol** for each data collector or advise to **access via QR code** on the printed Patient Data Collection Form (separate PDF).

2. Activities on the day(s) of the 2025 Route tPPS

This section provides guidance on the surveying and data collection activities. It is relevant to the entire Route tPPS Team.

Data collection for the 2025 Route tPPS should only be conducted from **15th Sept 2025 to 10th Oct 2025**.

2.1. Selecting patients for the 2025 Route tPPS

This section describes how to select the total patient group for the 2025 Route tPPS.

- The local 2025 Route tPPS Lead in collaboration with key stakeholders should **select a number of medical wards that would represent a minimum of 30% of medical wards** for inclusion in the Route tPPS.
 - Identify how many wards are medical wards.
 - Of these, select a number of wards that would represent a minimum of 30% of medical wards. e.g. if hospital has 9 medical wards, survey 3 of these wards.
 - Ideally, select wards that are predominantly medical patients.
 - ICU and HDU should not be included in the Route tPPS.
- Obs/gyn wards in general hospitals should be excluded from the Route tPPS.
 - **Data should be collected for complete wards only** i.e. do not complete the Route tPPS for part of a ward.
 - **Print off a copy of the most accurate census for all wards to be included** – to show all inpatients present at 8:00am on the day of the 2025 Route tPPS. Code the census as agreed locally.
 - If possible, ward pharmacists should liaise with ward clerks on individual wards in relation to accuracy of census at 8:00am. This may not be updated until later in the day.
 - **If the study is to be carried out over more than one day**, ensure individual wards / departments are completed in one day e.g. all St. Patrick's ward must be done over one day.
 - **Count the number of patients in the ward meeting the following selection criteria** and record this number along with the ward name on the Ward Data Collection Form (Appendix 1):

Include in tPPS ✓

- Adult and paediatric patients admitted to selected medical ward before or at 8:00am and not discharged from the ward at the time of the survey.
- Adult and paediatric patients on the 8:00am census but off the selected ward at the time of the data collection (e.g. gone for x-ray).
- Adult and paediatric patients who are on the patient administration system for the ward but at home for a few hours.

Exclude from tPPS ✗

- Patients admitted to the selected medical ward after 8:00am.
- Patients transferred out/discharged from the selected medical ward after 8:00am and before the start of data collection.

- Note: count all patients on selected medical wards, regardless of the admitting team.

Exceptions for maternity hospitals:

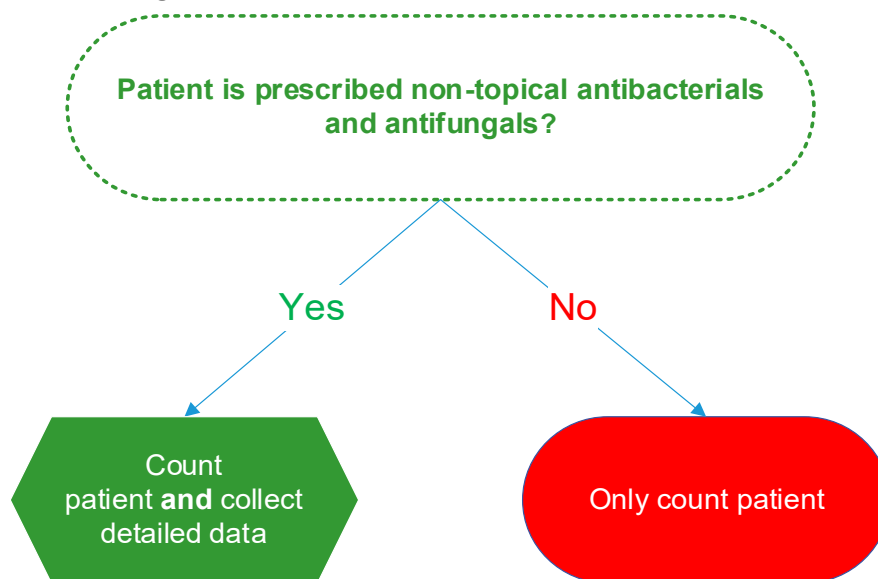
Modification of section 2.1: all inpatients present at 8.00am on the day of the Route tPPS on **postnatal wards** to be surveyed.

Neonates should be excluded from the tPPS.

2.2. Detailed data collection for patients on antimicrobials

This section describes the selection and detailed data collection procedures for the subgroup of patients prescribed non-topical antibacterials and antifungals among the total patient group (see [Section 2.1](#) for latter).

- **Survey all patients on the selected ward** to ascertain which patients are prescribed antimicrobials.
- Survey all patients on selected medical wards, regardless of the admitting team. For example, a patient admitted under orthopaedic team admitted to one of the selected medical wards at time of survey - this patient is to be included in the Route tPPS. It is likely that not all patients on medical wards will be admitted under a medical team, but for purpose of the Route tPPS all patients admitted to the selected medical ward will be included.
- **Collect detailed data for adult and paediatric patients who are prescribed non-topical antibacterials and antifungals.**



- **For detailed data collection, complete all sections of Patient Data Collection Form** (Appendix 2)
 - Detailed description of all data fields is provided in Appendix 3, Table 1.
 - If certain data are unclear or not documented from the healthcare records, ask the team caring for the patient what they are treating.
- If the patient has been on the antimicrobial since the start of the current drug chart **check previous drug charts** from this admission (if applicable) to see if the antimicrobial was started on a previous drug chart. The start date on a prescription is not necessarily a true start date.
- If you know a patient has previously been surveyed on a different ward, do not include the same patient twice. If the study is being carried out on multiple days by multiple data collectors, it may be helpful to annotate 'PPS' or tick on the kardex to highlight that the patient has already been included.
- If a patient was receiving antimicrobials at 8:00am, but they have been discontinued by the time the PPS team get to the ward, do not record information about this discontinued antimicrobial.
- Do not collect data for antivirals, antiprotozoals, anthelmintics, any topical antimicrobial applied to the skin, eye, ear, nose or genital area including nystatin drops or line-locks.
- Ensure data collection is in accordance with your hospital's own **data protection policy** and [HSE Personal Data Protection Policy](#)

2.3. Data entry in the Data Entry Tool

- **Local Route tPPS Lead is responsible for collation of data into the Data Entry Tool.** (Appendix 5). The Data Entry Tool requires Microsoft Excel.
- Complete the data entry sheets in the following order: 1. General details, 2. Department data, 3. Patient data.
- **General hospital data should be entered in the General Details sheet** in the Data Entry Tool.
 - **Data from the Ward Data Collection Form should be entered in the Department Data sheet** in the Data Entry Tool.
 - **Data from the Patient Data Collection Form should be entered in the Patient Data sheet** in the Data Entry Tool.
 - **Subject IDs must be unique for each patient.** It is advised to assign patients a unique sequential number or a letter to create a subject ID. This new ID is called the Subject ID, and it is vital that the Subject ID cannot be linked back to the MRN, therefore refrain from noting the two IDs side-by-side.
 - If a patient is receiving more than one antimicrobial, repeat the same Subject ID on every corresponding row.
 - Enter each antimicrobial on its own row in the Patient Data sheet of the Data Entry Tool.
- Data should be entered into the Data Entry Tool using the **drop-down list** where provided.
 - Ensure that the Ward or Department name in the Department Data and Patient Data sheets are **exactly matching** between sheets.
 - All data must be anonymised.
- **Ensure adequate data protection measures** have been employed whilst conducting the study and in storage / destruction of completed data collection forms and excel file in line with your hospital's own data protection policy and with the [HSE Personal Data Protection Policy](#). It is important that data collection forms are retained for a sufficient time period for data validation purposes.
 - Data should be entered into the Data Entry Tool **as soon as possible after recording the data** so that any discrepancies or missing data can be investigated promptly.

2.4. Data submission to HSE AMRIC

- **Data should be submitted to HSE AMRIC before Tuesday 14th October 2025.** Data submitted after this date will not be analysed.
- Sites are encouraged to submit their data as soon as complete to facilitate timely return of hospital level reports.
- **Please submit data to the email address amricepitem@hse.ie** and include "ROUTE2025TPPS" in the subject line of the email.
- **HSE AMRIC will only accept anonymised data.** Data submitted to HSE-AMRIC should not include any personally identifiable information. Do not submit data that contains patient name, patient number/medical record number (MRN), full date of birth (year only), gender, consultant or date of admission.
 - Sites may agree locally to collect additional data fields in the "Comments" column of Appendix 5 of the Data Entry Tool. In the version of the Data Entry Tool that is sent to HSE AMRIC, **only include the data that is requested by the tool**. Data in the "Comments" column should be deleted before submission to HSE AMRIC. To avoid any risk of patient identification, do not include additional data or notes in the version of the Data Entry Tool that is submitted to HSE AMRIC.

Appendix 2

Patient Data Collection Form: Route of Administration tPPS (V1.1)

ONLY collect data for patients on selected medical wards who are prescribed non-topical antibacterials and antifungals



(1) SUBJECT DETAILS

1a. Subject ID: _____ 1b. Ward: _____ 1c. Year of birth: Y Y Y Y

		Antimicrobial 1	Antimicrobial 2	Antimicrobial 3
(2) DRUG AND TREATMENT DETAILS	2a. Antimicrobial name
	2b. Diagnosis site code for indication (see Appendix 4, Table 2) <input type="checkbox"/> Not applicable <input type="checkbox"/> Not applicable <input type="checkbox"/> Not applicable
	2c. Antimicrobial route of administration	<input type="checkbox"/> Parenteral (IV) <input type="checkbox"/> Oral (PO) <input type="checkbox"/> Inhalation (NEB) <input type="checkbox"/> Rectal (R)	<input type="checkbox"/> Parenteral (IV) <input type="checkbox"/> Oral (PO) <input type="checkbox"/> Inhalation (NEB) <input type="checkbox"/> Rectal (R)	<input type="checkbox"/> Parenteral (IV) <input type="checkbox"/> Oral (PO) <input type="checkbox"/> Inhalation (NEB) <input type="checkbox"/> Rectal (R)

For 3a – 3e:

- If patient not on IV, select “Not applicable” for all responses
- If indication is surgical antibiotic prophylaxis for 24 hours or less, select “Not applicable” for all responses.

(3) CURRENTLY ON IV	3a. Is the patient currently taking any oral medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	3b. Is the patient haemodynamically stable (heart rate and blood pressure are stable) or INEWS score decreasing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	3c. Are patient’s signs and symptoms of infection improving?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable
	3d. Is the patient suitable for oral switch as per local guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable
	3e. Is there an opportunity to stop this patient’s antimicrobial therapy? (only complete if patient is on IV)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

Appendix 3

Table 1: Detailed data collection fields

(1) <u>Subject details</u>	
1a.	Subject ID A numerical or text identifier unique to the patient and is assigned by the 2025 Route tPPS team. To retain patient confidentiality, the Subject ID should <u>not</u> be a hospital identifier such as an MRN.
1b.	Department or ward
1c.	Year of birth The year of birth is used rather than the full date of birth.
(2) <u>Drug and treatment details</u>	
2a.	Antimicrobial name When entering response into excel, select from list or type in manually if not listed.
2b.	Diagnosis site code for indication <ul style="list-style-type: none"> • If indication was for treatment of infection, enter diagnostic site code, see Appendix 4, Table 2. • If the indication was surgical prophylaxis, medical prophylaxis, other indication, an unknown indication or indication information cannot be verified during the tPPS then select “Not Applicable” for diagnostic site code. <p>If the diagnosis site is unclear or not documented from the healthcare records, ask the team caring for the patient what they are treating.</p>
2c.	Antimicrobial route of administration <ul style="list-style-type: none"> • Parenteral (IV) • Oral (PO) • Inhalation (NEB) • Rectal (R)
(3) <u>Currently on IV</u> For 3a – 3e <ul style="list-style-type: none"> • If patient not on IV, select “Not applicable” for all responses. • If indication is surgical antibiotic prophylaxis for 24 hours or less, select “Not applicable” for all responses. 	
3a.	Is the patient currently taking any oral medication? <ul style="list-style-type: none"> • Yes • No • Not applicable
3b.	Is the patient haemodynamically stable (heart rate and blood pressure are stable) or INEWS score decreasing? <ul style="list-style-type: none"> • Yes • No • Not applicable

3c.	Are patient's signs and symptoms of infection improving? <ul style="list-style-type: none">• Yes• No• Unknown• Not applicable
3d.	Is the patient suitable for oral switch as per local guidelines? <ul style="list-style-type: none">• Yes• No• Unknown• Not applicable If you are unsure (e.g. waiting for blood results), select "Unknown"
3e.	Is there an opportunity to stop this patient's antimicrobial therapy? <ul style="list-style-type: none">• Yes• No• Not applicable Note: this question should only be completed if patient is on IV antimicrobials.

Appendix 4

Table 2: Diagnosis site code for prescribed antimicrobials

Code	Clinician's diagnosis of the site of infection for which the patient receives antimicrobial therapy
CF	Cystic fibrosis
CNS	Infection of central nervous system (e.g., meningitis, brain abscess)
EYE	Endophthalmitis
ENT	Infections of ear, nose, throat, larynx and mouth
BRON	Acute bronchitis or exacerbations of chronic bronchitis, infective exacerbation of COPD, infective exacerbation of pulmonary fibrosis
PNEU	Pneumonia
CVS	Cardiovascular infection (e.g., endocarditis, vascular graft infection)
GI	Gastrointestinal infections (e.g., salmonellosis, <i>C. difficile</i> infection)
IA	Intraabdominal infection, including hepatobiliary
SST-SSI	Surgical site infection involving skin or soft tissue, but not bone
SST-O	Skin soft tissue infection, includes cellulitis, wound infection and deep soft tissue infection, not involving bone AND not related to surgery
BJ -SSI	Septic arthritis, osteomyelitis of surgical site related to surgery at site of infection, includes prosthetic joint infection
BJ-O	Septic arthritis, osteomyelitis, not related to surgery
CYS	Symptomatic lower urinary tract infection (e.g. cystitis)
PYE	Symptomatic upper urinary tract infection (e.g. pyelonephritis)
ASB	Asymptomatic bacteriuria: positive urine microbiology results in the absence of signs of urinary tract infection
OBGY	Obstetric or gynaecological infections, includes STI in women
GUM	Prostatitis, epididymo-orchitis, includes STI in men
BAC	Laboratory-confirmed clinically-significant bacteraemia (positive blood cultures)
CSEP	Clinical sepsis (suspected bloodstream infection without lab confirmation of positive blood culture or results are not available, or no blood cultures collected, or negative blood culture. Note: CSEP excludes patients with febrile neutropenia and infection in immunocompromised hosts (See FN below)
FN	Febrile neutropenia or other form of manifestation of infection in immunocompromised host (e.g. patient with HIV infection, patient receiving chemotherapy or other immunosuppressive therapy) with no clear anatomical site
SIRS	Systemic inflammatory response with no clear anatomical site
UND	Completely undefined; site with no systemic inflammation
NA	Not applicable <ul style="list-style-type: none"> - For antimicrobial use other than treatment. - If the indication was surgical prophylaxis, medical prophylaxis, other indication, an unknown indication or indication information cannot be verified during the tPPS then select NA for diagnostic site code



Appendix 5

Data Entry Tool: National Antimicrobial Targeted Point Prevalence Survey (tPPS) for Route of Administration

This Excel tool is in electronic format only and can be found in *Data Entry Tool-2025 Route of Administration tPPS.xlsx*