

5. Patient Data Collection Form (V2.0 – July 2024)

This form is to be used for data collection from all eligible patients included in the study receiving systemic antibiotics or antifungals.

1. PATIENT DETAILS		
1a. Subject ID: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	1b. Ward: <input style="width: 100%; height: 20px;" type="text"/>	1c. Year of Birth: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
1d. Specialty (tick one): <u>If ADULT</u> <u>If PAEDS</u> MED: <input type="radio"/> SURG: <input type="radio"/> ICU: <input type="radio"/> OBS/GYN: <input type="radio"/> OTHER: <input type="radio"/> MED: <input type="radio"/> SURG: <input type="radio"/> ICU: <input type="radio"/> OTHER: <input type="radio"/>		

2. DRUGS GIVEN & REVIEW			3. DIAGNOSIS, INDICATIONS, REASONS						4. ON IV			
2a. Antimicrobial name	2b. Administration route*	2c. Current / proposed / completed duration appropriate?*	2d. Antimicrobial changed? (+reason) *	3a. Indication code (H11-5/CI/ LI/MP/ SP1-3/ UI/ UNK/ O. Table 1, p 10)	3b. Diagnosis site code (only if 3a. is H11 / H12 / H13 / H14 / H15 / CI / LI, otherwise NA. Table 2, p 11)	3c. Is antimicrobial choice in line with guideline / micro / ID approved? (Table 3, p 12)*	3d. Surgical category (only if 3a. is SP1 / SP2 / SP3, otherwise NA. Table 4, p 13-15)	3e. Operative procedure (only if 3a. is SP1 / SP2 / SP3, otherwise NA. Table 4, p 13-15)	3f. If surgical prophylaxis for >24 hrs, was there a specific documented reason? (only if 3a. is SP3, otherwise NA)*	3g. If 3f is "Y", what was the reason for continuing antibiotics beyond 24 hrs? (only if 3a. is SP3, otherwise NA. Table 5, p 16)*	4a. Suitable for oral switch?*	4b. Patient currently taking any oral medications?*
.....	IV: <input type="radio"/> PO: <input type="radio"/> NEB: <input type="radio"/> R: <input type="radio"/>	Y: <input type="radio"/> N: <input type="radio"/> MP: <input type="radio"/> NA: <input type="radio"/> UNK: <input type="radio"/>	N: <input type="radio"/> OU: <input type="radio"/> E: <input type="radio"/> UNK: <input type="radio"/> D: <input type="radio"/> S: <input type="radio"/> A: <input type="radio"/> or NA: <input type="radio"/>	Y: <input type="radio"/> N: <input type="radio"/> CBD: <input type="radio"/> NG: <input type="radio"/> UNK: <input type="radio"/> or NA: <input type="radio"/>	NHSN-..... or NA: <input type="radio"/>	Y: <input type="radio"/> N: <input type="radio"/> NA: <input type="radio"/>	Drain in place: <input type="radio"/> In line with locally approved guidelines: <input type="radio"/> NA: <input type="radio"/>	Y: <input type="radio"/> N: <input type="radio"/> UNK: <input type="radio"/> NA: <input type="radio"/>	Y: <input type="radio"/> N: <input type="radio"/> NA: <input type="radio"/>
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* tick one option