

SURVEY OF HOSPITAL-ACQUIRED INFECTIONS & ANTIMICROBIAL USE

2017 PPS - PATIENT FORM C v1.0

1. Patient details

| | | | |
|------------------------------------|-------------------------------|---|----------------------|
| | <i>Hospital code</i> | <i>Ward code</i> | <i>Patient ID</i> |
| Unique identifier | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Consultant specialty | <input type="text"/> | | |
| Age in years (if <2 enter "00") | <input type="text"/> | Age in months if < 2 years old (for neonates <4-weeks, enter '00') | <input type="text"/> |
| If neonate, birth weight in grams | <input type="text"/> | | |
| Admission date to this hospital | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |

2. Risk factors

| | | | |
|------------------------------|--|--|---------------------------|
| Surgery since admission | <input type="checkbox"/> No | <input type="checkbox"/> Yes | → <input type="text"/> |
| Central vascular catheter | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <i>Surgical procedure</i> |
| Peripheral vascular catheter | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Urethral catheter | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Intubation | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Underlying disease prognosis | <input type="checkbox"/> None/non-fatal disease | <input type="checkbox"/> End of life prognosis | |
| | <input type="checkbox"/> Life limiting prognosis | <input type="checkbox"/> Not known | |

3. Condition of interest

Patient has active HAI No Yes **Patient on antimicrobials** No Yes

4. Hospital-acquired infection data (HAI) ...if more than 1 HAI use extension sheet Page 4

HAI 1

| | | | |
|--------------------------------------|---|---|---------------------------------------|
| Infection | <input type="text"/> | | |
| If SSI, record procedure | <input type="text"/> | | |
| If BSI record source | <input type="text"/> | | |
| Date admitted to current ward | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relevant device in situ before onset | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| HAI Present at admission | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Origin of infection | <input type="checkbox"/> Current hospital | <input type="checkbox"/> Other acute hospital | <input type="checkbox"/> Other origin |
| Date of onset | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Microorganism 1 | <input type="text"/> | Resistance 1 | <input type="text"/> |
| Microorganism 2 | <input type="text"/> | Resistance 2 | <input type="text"/> |
| Microorganism 3 | <input type="text"/> | Resistance 3 | <input type="text"/> |

5. Antimicrobial use ... if more than 2 antimicrobials use extension sheet Page 3

First Antimicrobial

Route Parenteral Oral Rectal Inhalation

Doses per day **Note: alternate day dosing = 0.5; 2 doses per week = 0.29; 3 doses per week = 0.43**

Strength of 1 dose Unit of measurement grams mg Other

Indication for antimicrobial use

Diagnosis site code

Reason recorded in notes No Yes Notes not available

Meets local policy No Yes Not assessable Not known

Date started on current antimicrobial / /

Does current antimicrobial (choice or route) for this infection episode represent a change from what was originally prescribed? No Yes

↓

Reason for change

If change, date antimicrobial started for infection/indication / /

Second Antimicrobial

Route Parenteral Oral Rectal Inhalation

Doses per day **Note: alternate day dosing = 0.5; 2 doses per week = 0.29; 3 doses per week = 0.43**

Strength of 1 dose Unit of measurement grams mg Other

Indication for antimicrobial use

Diagnosis site code

Reason recorded in notes No Yes Notes not available

Meets local policy No Yes Not assessable Not known

Date started on current antimicrobial / /

Does current antimicrobial (choice or route) for this infection episode represent a change from what was originally prescribed? No Yes

↓

Reason for change

If change, date antimicrobial started for infection/indication / /