Protocol of assessment of antimicrobial treatment in departments

Hospital: ........................................

Department: .................................

Date for study ..............................

Total number of admitted patients belonging to the department, including patients at the ICU / admitting depart at 08.00: ........... no
Admitting department includes: OBS-dept, MAVA, KAVA och ITVA.

(English version 1, PPS 2006 protocol, 310806 ME)
PPS 2006 - Protocol for registration of patient with on-going antimicrobial treatment

Following treatments are registrated: systemic antimicrobial treatments against infections caused by bacteria and fungi. Following treatments are not registrated: topical treatments against bacteria and fungi and antiviral treatments.

**Indication for antimicrobial treatment:** according to the indication set by the prescribing physician at initiation of therapy, according to records or interviews. Only one diagnose can be registrated for each antimicrobial. For prophylaxis choose intended focus for the operation.

**Diagnosis groups, focus for the infection (alternatively "op-site" if prophylaxis)**

<table>
<thead>
<tr>
<th>CNS</th>
<th>CNS</th>
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<tbody>
<tr>
<td>Eye</td>
<td>Eye</td>
</tr>
<tr>
<td>Mot</td>
<td>Mouth and throat</td>
</tr>
<tr>
<td>Urt</td>
<td>Upper respiratory tract</td>
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<tr>
<td>Bron</td>
<td>Bronchitis</td>
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<tr>
<td>Pneu</td>
<td>Lungs, pleura</td>
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<tr>
<td>Cor</td>
<td>Heart, vascular</td>
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<tr>
<td>Ugi</td>
<td>Upper gastro-intestinal tract to terminal ileum</td>
</tr>
<tr>
<td>Lgi</td>
<td>Lower gastro-intestinal tract</td>
</tr>
<tr>
<td>GE</td>
<td>Gastro-intestinal tract, contagious diseases</td>
</tr>
<tr>
<td>Lbp</td>
<td>Liver/bile-duct/pancreas/spleen</td>
</tr>
<tr>
<td>Sst</td>
<td>Skin, soft tissue</td>
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<tr>
<td>Bji</td>
<td>Bone and joint</td>
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<tr>
<td>Cys</td>
<td>Cystitis,</td>
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<tr>
<td>Pye</td>
<td>Kidney, pyelonefritis, febrile uti</td>
</tr>
<tr>
<td>Gen</td>
<td>Genitals incl male infections of testicels and prostate</td>
</tr>
<tr>
<td>Sep</td>
<td>Septichemia</td>
</tr>
<tr>
<td>FEV</td>
<td>Un-specified indication</td>
</tr>
<tr>
<td>UCL</td>
<td>Completely un-clear indication</td>
</tr>
</tbody>
</table>

Diagnoses groups:
- CNS: central nervous system
- Eye: eye
- Mot: mouth and throat
- Urt: upper respiratory tract
- Bron: bronchitis
- Pneu: lungs, pleura
- Cor: heart, vascular
- Ugi: upper gastro-intestinal tract
- Lgi: lower gastro-intestinal tract
- GE: gastro-intestinal tract, contagious diseases
- Lbp: liver/bile-duct/pancreas/spleen
- Sst: skin, soft tissue
- Bji: bone and joint
- Cys: cystitis
- Pye: kidney, pyelonefritis, febrile uti
- Gen: genitals incl male infections of testicles and prostate
- Sep: septichemia
- FEV: un-specified indication
- UCL: completely un-clear indication

- tonsillitis, peritonsillitis, theeeth etc
- down to larynx, incl ear and sinus
- incl pneumonia with septichemia/bacteriemia
- CVL, endocarditis, flebitis, op on heart valves, coronary by-pass etc
- per-op prophylaxis, CAPD-peritonitis, peritonitis, incl Helicobacter
- per-op prophylaxis, intraabdominal abscess of unknown origin, peritonitis, diverticulitis
- Salmonella, Shigella, C. difficile etc
- wound infections, erysipelas, supp. adenitis, deep infections and diabetes, gangraen, myositis
- arthritis, osteitis, localised osteitis assoc with diabetes
- un-complicated urosepsis
- salpingitis, prostatitis
- primary, not endocarditis, not assoc with other focus
- (e.i. "pneum-uti", **try to find a probable focus for the infection**)

E.g. in a patient with an un-specified focus, a probable focus must be found before initiating antimicrobial treatment.
<table>
<thead>
<tr>
<th>Name of the drug</th>
<th>Dose per administration gram</th>
<th>No of doses per day**</th>
<th>Route of administration Oral/ Parent /Rectal</th>
<th>Diagnosis-group Code</th>
<th>Immunosuppression *** Yes / No</th>
<th>Foreign material-assoc Yes / No</th>
<th>Indication for therapy**** A B 1 – 5 C 1 – 3 D Relevant culture before therapy Yes / No / Unknown</th>
<th>Indication for given therapy in records Yes / No</th>
<th>Assessment of given treatment 1-5****</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

** Dose every 16th h = 1,5 dose/day, every 18th h = 1,3 dose/day, each 36th h = 0,67 dose/day, each 48th h = 0,5 dose/day etc.

***Immunsuppression, e.i. chemotherapy, hematological malignancy, neutropenia, dialysis, severe hepatic failure, HIV, primary immuno-deficiency, steroids for >1 month corresponding to prednisolon ≥15 mg/d.

**** Indication for therapy:
A. Community acquired infection
B. Hospital acquired infection: B1. Post-operative infection (infection at operation site, debut <30 days after surgery, or <1 year after surgery with implants)
B2. Other intervention related infections (e.i. CAD-, CVC- and PVC-related, VAP)
B3. C. difficile enterocolitis (debut in hospital or <30 days after discharge)
B4. Other hospital acquired infections, debut ≥48 h after admittance to hospital, incl infection from other dept., not B 1-3.
B5. Infection is present at admittance from another hospital
C. Per-operative prophylaxis; prescribed for: C1. one dose    C2. one day    C3. >1 day
D. Medical prophylaxis (immunosuppression, HIV, prophylaxis against relapsing infections, e.i. uti, etc)

Hospital acquired means infection associated with treatments in hospitals. B 2-4 includes infection debut during stay alt. <30 days after discharge.

***** Evaluation of given treatment:
1. Adequately directed therapy (drug, dosing, and an etiology verified by culture)
2. Adequate empirical therapy / prophylaxis (drug and dosing)
3. Obviously incorrect dosing, e.i. un-reduced dose in relation to age and renal function (creatinin clearance <50 ml/min and given full dose of drug)
4. Obviously incorrect choice of drug = ineffective therapy / prophylaxis
5. Other faults

Protocol signed by: ___________________________ Registrated date/sign ___________ Patient nr: _________