

PPS 2006

Protocol of assessment of antimicrobial treatment in departments

Date for study

Hospital:

Department:

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 registered: systemic antimicrobial treatments against infections caused by bacteria and fungi.

Following treatments are not registered: 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 registered for each antimicrobial. For prophylaxis choose intended focus for the operation.

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

CNS	CNS	
Eye	Eye	
Mot	Mouth and throat	tonsillitis, peritonsillitis, theeth etc
Urt	Upper respiratory tract	down to larynx, incl ear and sinus
Bron	Bronchitis	
Pneu	Lungs, pleura	incl pneumonia with septichemia/bacteriemia
Cor	Heart, vascular	CVL, endocarditis, flebitis, op on heart valves, coronary by-pass etc
Ugi	Upper gastro-intestinal tract to terminal ileum	per-op prophylaxis, CAPD-peritonitis, peritonitis, incl Helicobacter
Lgi	Lower gastro-intestinal tract	per-op prophylaxis, intraabdominal abscess of unknown origin, peritonitis, diverticulitis
GE	Gastro-intestinal tract, contagious diseases	Salmonella, Shigella, C. difficile etc
Lbp	Liver/bile-duct/pancreas/spleen	
Sst	Skin, soft tissue	wound infections, erysipelas, supp. adenitis, deep infections and diabetes, gangraen, myositis
Bji	Bone and joint	arthritis, osteitis, localised osteitis assoc with diabetes
Cys	Cystitis,	
Pye	Kidney, pyelonefritis, febrile uti	un-complicated urosepsis
Gen	Genitals incl male infections of testicels and prostate	salpingitis, prostatitis
Sep	Septichemia	primary, not endocarditis, not assoc with other focus
FEV	Un-specified indication	(e.i. "pneum-uti", try to find a probable focus for the infection)
UCL	Completely un-clear indication	

Hospital	Department	Patient (10 fig no)	Sex	ICU	Admitt.dept	Ward
			F / M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of the drug	Dose per administration	No of doses per day**	Route of administration	Diagnosis-group	Immuno-suppression ***	Foreign material-assoc	Indication for therapy****	Relevant culture before therapy	Indication for given therapy in records	Assessment of given treatment
	gram		Oral/ Parent /Rectal	Code	Yes / No	Yes / No	A B 1 – 5 C 1 – 3 D	Yes / No / Unknown	Yes / No	1-5*****
1										
2										
3										
4										
5										

** 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:		Registered date/sign		Patient nr:	
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