



**Unit Form** (Mandatory : Fill in one form for each unique unit/room included in the survey)

Date of survey (dd/mm/year)	__/__/____	Person(s) completing form (Auditor code) (optional)	
Name institution:		Unit Name	
		Room name(s) (optional)	

Type of speciality - Tick just <b>"one"</b> most appropriate type of outpatient unit		
<input type="checkbox"/> EM (Emergency)	<input type="checkbox"/> GM (General Medicine mixed) <sup>1</sup>	<input type="checkbox"/> HCP (Healthcare Practice)
<input type="checkbox"/> OB (Observation)	<input type="checkbox"/> SM (Surgical Mixed)	<input type="checkbox"/> GP (General Practitioner practise)
<input type="checkbox"/> RESP (Respiratory)	<input type="checkbox"/> HO (Haematology-Oncology)	<input type="checkbox"/> MAL (Malnutrition)
<input type="checkbox"/> ID (Infectious disease)	<input type="checkbox"/> PLAS (Plastic Reconstructive Surgical)	<input type="checkbox"/> NM (Neonatal Medical)
<input type="checkbox"/> HIV/TB (HIV-Tuberculosis)	<input type="checkbox"/> ORT (Orthopaedic)	<input type="checkbox"/> ANC (Antenatal care)
<input type="checkbox"/> REN (Nephrology-urology)	<input type="checkbox"/> ENT (Ear Nose and Throat)	<input type="checkbox"/> GYN (Gynaecology)
<input type="checkbox"/> DIAL (Dialyses)	<input type="checkbox"/> EYE (Ophthalmology)	<input type="checkbox"/> OBST (Obstetrics)
<input type="checkbox"/> GAS (Gastroenterology)	<input type="checkbox"/> ENDO (Endoscopy)	<input type="checkbox"/> DEN (Dental Clinic)

Total number of prescribers <sup>2</sup> on the unit/room during defined timeslot of the survey			
N Doctor(s)	N Nurse(s)	N Pharmacist(s)	N Other(s)

Timeslot data gathering on the day of the survey <sup>4</sup>	Starting time <sup>3</sup> (hour): _____	<input type="radio"/> a.m.	<input type="radio"/> p.m. (tick as appropriate)
	Ending time <sup>3</sup> (hour): _____	<input type="radio"/> a.m.	<input type="radio"/> p.m. (tick as appropriate)

<sup>1</sup> Includes specialties such as Dermatology, Allergy-Immunology, Cardiovascular, etc. General medicine mixed refers also to paediatrics in general. Tick as well if no specialty is defined.

<sup>2</sup> Specify the profession of person(s) "prescribing" antimicrobials and the number of them included in the survey on the unit/room during the defined timeslot of the survey.

<sup>3</sup> Specify approximate starting hour (e.g. 8 a.m.) and approximate ending hour (e.g. 3 p.m.)

<sup>4</sup> **Survey the unit for at least 4 hours; or about a half a day (unless session is shorter, in which case, survey for the whole session duration).** Preferably start the survey at the beginning of the session.

**OUTPATIENT Form : Complete for every outpatient seen on the unit/room and not admitted >24 hours or slept overnight during the timeslot of survey<sup>1</sup>**

<b>Name/code of unit</b>		<b>Name/code of the room within the unit</b>		<b>Unique patient identifier or sequential number</b> <sup>2</sup>		<b>Survey Number</b> <sup>3</sup>	
<b>Patient age group</b> (tick as appropriate)	<input type="radio"/> Adult ≥18 years <input type="radio"/> Child ≤17 years <input type="radio"/> Neonate		<b>Sex</b>	M, F, U	<b>Admission status</b>	<input type="radio"/> Already admitted <input type="radio"/> Suspected admission <input type="radio"/> Referral other institution <input type="radio"/> Home <input type="radio"/> UNK	

<b>Presenting symptoms or reason of consultation on the day of the survey</b> (tick if present, multiple choice, max. 6 choices)	<input type="radio"/> Temperature ≥38.3°C/≥101°F <input type="radio"/> Sub-febrile temperature (<38.3°C/<101°F) <input type="radio"/> Sneezing/nasal congestion <input type="radio"/> Runny or stuffy nose <input type="radio"/> Cough <input type="radio"/> Sore throat <input type="radio"/> Dyspnoea, difficult breathing <input type="radio"/> Musculoskeletal pain <input type="radio"/> Headache <input type="radio"/> Fatigue/lethargy <input type="radio"/> Seizures <input type="radio"/> Ear pain <input type="radio"/> Diarrhea <input type="radio"/> Bloody diarrhea <input type="radio"/> Painful/frequent urination <input type="radio"/> Abdominal pain <input type="radio"/> Nausea/vomiting <input type="radio"/> Skin lesions/spots/wound <input type="radio"/> Itchy or other symptoms of genitals/anus <input type="radio"/> Other symptom(s) <input type="radio"/> Unknown <input type="radio"/> None, other reason (e.g. prophylaxis)
--	--

**To complete only if the outpatient was prescribed an antimicrobial during the defined time slot on the day of the survey**

<b>Detailed patient age</b> <sup>* 4</sup>			<b>Current weight</b> <sup>*</sup>	<b>Birth weight</b> <sup>*</sup> (in kg, neonate only)
<b>Years</b> (≥ 2 years)	<b>Months</b> (1-23 month)	<b>Days</b> (<1 month)	(in kg)	

<b>Treatment based on biomarker data</b> <sup>5</sup>	<input type="radio"/> Yes – <input type="radio"/> No		
<b>If yes, which biomarker</b>	<b>Type biological sample</b>	<b>Value</b>	<b>Unit</b> <sup>6</sup>
CRP, PCT, WBC count	(Blood/ urine/other)		

<b>Treatment based on POCT, RDT</b> <sup>7</sup>	<input type="radio"/> Yes <input type="radio"/> No
<b>If yes, specify which</b> <sup>7</sup>	
<b>Result, specify</b>	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Inconclusive

<b>Underlying morbidity</b> (multiple choice, max. 3 choices)	<input type="radio"/> Diabetes mellitus, type 1 or 2 <input type="radio"/> Trauma <input type="radio"/> Chronic / Long COVID <input type="radio"/> HIV <input type="radio"/> Hematological or solid cancer/ Recent chemotherapy (<3months) <input type="radio"/> Immunosuppressed state, not oncology <input type="radio"/> Gastroenterological disease: inflammatory bowel disorders, Coeliac disease, ... <input type="radio"/> Chronic lung diseases, cystic fibrosis, COPD, bronchiectasis, asthma <input type="radio"/> Malnutrition <sup>8</sup> <input type="radio"/> Other <input type="radio"/> None <input type="radio"/> Unknown
---	---

<b>Antimicrobial (generic) Name</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
<b>Specify by prescription/course: “new” or “ongoing”</b>					
<b>Single Unit Dose</b> <sup>9</sup>	<b>Unit</b> (g, mg, IU, MU) <sup>9</sup>				
<b>Doses/day</b> <sup>10</sup>	<b>Route</b> (O, R, I, IM, IV) <sup>11</sup>				
<b>Prescribed/intended duration therapy in N days/UNK</b>					
<b>Clinical diagnosis</b> (see appendix I)					
<b>Type of indication</b> (see appendix II)					
<b>Local guideline exists for diagnosis</b> (Y, N, NI, U) <sup>12</sup>					
<b>If yes (guideline exists), complete compliance</b> <sup>13</sup>					
<b>Drug according to guideline</b> (Y, N, U)					
<b>Dosing according to guideline</b> (Y, N, U)					
<b>Duration according to guideline</b> (Y, N, U)					

**Note:** \* Detailed patient age, Current weight, Birth weight are **optional variables**.

## Explanation OUTPATIENT Form

---

- <sup>1</sup> **Not admitted >24 hours or slept overnight during the timeslot of survey** : However, include patients on emergency and observation units awaiting transfer to an inpatient ward and may be occupy a bed >24 hours before the survey. Complete an outpatient form for these patients as well; these patients count in the numerator and denominator.
- <sup>2</sup> **Patient Identifier**: A unique patient identifier or sequential attributed number or code which will not be included in the online database.
- <sup>3</sup> **Survey Number**: A unique non-identifiable number given by WebPPS. Leave blank but note down the number after the patient data has been recorded in the online database.
- <sup>4</sup> **Detailed patient age**: If the patient is  $\geq 2$  years, **specify only the number of years**, if between 1 and 23 months **specify only number of months**, if  $< 1$  month **specify only number of days**.
- <sup>5</sup> If “**treatment based**” on biomarker, specify which one: **CRP** (C-reactive protein), **PCT** (Procalcitonin) or **WBC** (white blood cell count). Do not report a biomarker test if it did not contribute to the chosen antimicrobial treatment.
- <sup>6</sup> The unit for the biomarker CRP or PCT value expressed in mg/L,  $\mu\text{g/L}$ , ng/L, mg/dL, ng/dL, ng/mL,  $\mu\text{g/mL}$ , nmol/L. In thousand per microliter ( $\mu\text{L}$ ) for WBC count (normal number of WBCs in the blood is 4,500 to 11,000 WBCs per microliter). For conversion calculator see: <http://unitslab.com/node/67> (CRP) and <http://unitslab.com/node/103> (procalcitonin).
- <sup>7</sup> **Treatment based on POCT or RDT**: Treatment based on Point of Care Test or Rapid Diagnostic Test.  
If Yes, specify only 1 single POCT/RDT, namely the most appropriate one:
- **HIV**,
  - **Malarial** antigen testing ,
  - **Strep A**,
  - **MRSA** RDT,
  - **TB** (includes MTB/RIF (detects MTB and rifampicin (RIF) resistance simultaneously) or MTB/XDR (detects resistance to isoniazid, fluoroquinolones, amikacin, kanamycin, capreomycin and ethionamide),
  - **Dengue** RDT,
  - **HepB** (Hepatitis B),
  - **Scrub typhus** POCT,
  - **Syphilis** POCT,
  - **SH** (Sexual Health RDT),
  - **GBS** (Intrapartum or antepartum Group B Streptococcus RDT),
  - **SARS-CoV-2, Flu/RSV** (Rapid detection and differentiation of Flu A, Flu B, or RSV),
  - **Other**.
- <sup>8</sup> Malnutrition refers to dietary deficiency which lead to lack of vitamins, minerals and other essential substances. Score illnesses as marasmus, kwashiorkor, scurvy, delayed growth, serious underweight, etc.
- <sup>9</sup> **Single Unit Dose**: Numeric value for dose per administration and unit for the dose (in grams, milligrams, IU or MU)
- <sup>10</sup> **Doses/day**: If necessary provide fractions of doses: (e.g., every 16h = 1.5 doses per day, every 36h = 0.67 doses per day, every 48h = 0.5 doses per day)
- <sup>11</sup> **Route**: Routes of administration are: Oral=**O**, Rectal=**R**, Inhalation=**I**, Intramuscular=**IM**, Intravenous=**IV**.
- <sup>12</sup> **Guideline existing**: A guideline can be a local, national or any other adopted guideline. **Y**=Yes; **N**=No guidelines for the specific indication; **NI**=No Information because diagnosis/indication is unknown; **U**=unknown.
- <sup>13</sup> **Guideline compliance** according to the type or choice of the antimicrobial, the dosing and the duration of the therapy/prophylaxes. **Y**=Yes, compliant to the guideline; **N**=Not compliant to the guideline; **U**=Unknown.

## Appendix I – Clinical diagnostic codes (what the clinician aims at treating)

Site	Codes	Examples
CNS	Proph CNS	<b>Prophylaxis</b> for CNS (meningococcal)
	CNS	Infections of the <b>Central Nervous System</b>
EYE	Proph EYE	<b>Prophylaxis</b> for Eye operations
	EYE	Therapy for Eye infections e.g., Conjunctivitis, trachoma, blepharitis, keratitis
ENT	Proph ENT	<b>Prophylaxis</b> for Ear, Nose, Throat including mouth (Surgical or Medical prophylaxis)
	PHAR	Therapy for pharyngitis
	SIN	Therapy for sinusitis
	AOM	Acute otitis media and CSOM (Chronic Suppurative Otitis Media)
	ENT	Therapy for Ear, Nose, Throat infections, other than PHAR, SIN or AOM
DEN	Proph DEN	<b>Prophylaxis</b> for dental cases
	DEN	Dental infections e.g. abscess, pulpitis, periodontal disease
RESP	Proph RESP	<b>Prophylaxis</b> for <b>Respiratory</b> pathogens e.g. for aspergillosis
	LUNG	Lung abscess including aspergilloma
	URTI	<b>Upper Respiratory Tract</b> viral Infections including influenza but not ENT
	Bron	Acute <b>Bronchitis</b> or exacerbations of chronic bronchitis
	Bronch	Acute bronchiolitis
	Pneu	<b>Pneumonia</b> or LRTI (lower respiratory tract infections)
	COVID-19	Coronavirus disease caused by SARS-CoV-2 infection
	TB	Pulmonary TB – Tuberculosis / Extrapulmonary TB
	CF	Complication of cystic fibrosis
CVS	Proph CVS	Cardiac or <b>Vascular prophylaxis</b> , endocarditis prophylaxis
	CVS	Cardio <b>Vascular System</b> infections: endocarditis, endovascular device e.g pacemaker, vascular graft
GI	Proph GI	Gastro-Intestinal <b>prophylaxis</b>
	GO	Acute Infectious Diarrhoea, gastroenteritis (ref <a href="https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2022.02">https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2022.02</a> )
	GI	Any other Gastro-Intestinal infection
	CDIF	<i>Clostridioides difficile</i> infection
SSTBJ	Proph SST	<b>Prophylaxis</b> for Skin and Soft Tissue, impetigo, plastic or orthopaedic surgery
	SST	Skin and <b>Soft Tissue</b> : Cellulitis, impetigo, erysipelas, folliculitis, other viral exanthems, burn wound- and bite-related infections.
	Sys-DI	Disseminated infection (viral infections such as measles, Cytomegalovirus ...)
	DST	Deep <b>Soft Tissue</b> not involving bone e.g., infected pressure or diabetic ulcer, abscess
UTI	Proph UTI	<b>Prophylaxis</b> for recurrent <b>Urinary Tract Infection</b> (Medical Prophylaxis)
	Cys	Lower Urinary Tract Infection (UTI), cystitis
	Pye	Upper UTI including catheter related urinary tract infection, pyelonephritis
	ASB	Asymptomatic bacteriuria
GUOB	Proph OBGY	<b>Prophylaxis</b> for <b>OB</b> stetric or <b>GY</b> naecological surgery (MP: carriage of group B streptococcus)
	OBGY	<b>Ob</b> stetric/ <b>Gy</b> naecological infections, <b>Sexually Transmitted Diseases (STD)</b> in women, vaginitis, vaginosis
	GUM	<b>Genito-Urinary Males + Prostatitis</b> , epididymo-orchitis, STD in men
No defined site (NDS)	BAC	Bacteraemia or fungaemia with no clear anatomic site and no shock
	SEPSIS	Sepsis of any origin (eg urosepsis, pulmonary sepsis etc), sepsis syndrome or septic shock with no clear anatomic site. Include fungaemia (candidemia) with septic symptoms
	Typh-fever	Typhoid fever/enteric fever
	Malaria	
	HIV	Human immunodeficiency virus
	PUO	Pyrexia of <b>Unknown Origin</b> - Fever syndrome with no identified source or site of infection
	LO-LYMPH	Localized acute lymphadenitis
	LYMPH	<b>Lymphatics</b> as the primary source of infection. Suppurative lymphadenitis
	Other	Antimicrobial prescribed with documentation but no defined diagnosis group
	MP-GEN	Drug is for <b>Medical Prophylaxis</b> in <b>general</b> , targeting no specific site, e.g. antifungal prophylaxis
	UNK	Completely <b>Unknown</b> Indication
PROK	Antimicrobial (e.g. erythromycin) prescribed for <b>Prokinetic</b> use	

## APPENDIX II - Type of Indication

<b>CAI</b> Community acquired infection	<b>Concerns any infection</b> acquired in the community, thus outside the healthcare setting in a patient without recent (<48hours) health care exposure.		
<b>HAI</b> Healthcare Associated Infection following admission and/or intervention during hospital stay	<b>HAI1</b> Post-operative surgical site infection (within: 30 days of surgery OR; 90 days after implant surgery)		
	<b>HAI2</b> The patient has been <b>discharged from hospital &lt; 48 hours and has a known hospital infection or a new infection &lt; 48 hours after discharge from hospital</b> . The infection can be an intervention related (e.g. intravenous or urinary catheter-related) or any other hospital acquired infection of mixed or undefined origin.		
	<b>HAI3</b> <i>C. difficile</i> associated diarrhoea (CDAD) (>48 h post-admission or <30 days after discharge from previous admission episode).		
<b>SP</b> Surgical prophylaxis*	<b>SP1</b> Single dose	<b>SP2</b> one day	<b>SP3</b> >1 day
For <b>surgical patients</b> the duration of prophylaxis should be encoded as either prescription of one dose, one day (= multiple doses given within 24 hours) or prescribed >1 day.			
<b>MP</b> Medical prophylaxis	For example long term use to prevent UTI's or penicillin in asplenic patients <i>etc.</i>		
<b>OTH</b> Other	For example erythromycin as a motility agent (motilin agonist).		
<b>UNK</b>	Completely unknown indication		

### Select 1 possibility for each reported antimicrobial

\*Surgical prophylaxis includes those antibiotics prescribed on the day of the survey for a **day-case surgical intervention, including dental procedures**.

## Appendix III: Combination anti-infective agents

Combinations of an antibiotic and a beta-lactamase inhibitor:

Ampicillin and beta-lactamase inhibitor: **report only ampicillin dose** (J01CR01)

Amoxicillin and beta-lactamase inhibitor: **report only amoxicillin dose** (J01CR02)

*Example:*

Amoxicillin and beta-lactamase inhibitor 1.2g IV → 1g (amoxicillin) + 200mg (clavulanic acid), **report 1 g as a dose**

Other combinations of multiple antimicrobial substances:

J01EE01 Sulfamethoxazole and Trimethoprim: **report the total amount of sulfamethoxazole and trimethoprim**

Example: Co-trimoxazole 960mg: (sulfamethoxazole. 800mg + trimethoprim 160mg), **report 960mg**