Hospital code | Ward code | Patient ID

Extension sheet for antimicrobials 3 to 5 (if required)

Third 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 D D / M M / Y Y

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 D D / M M / Y Y

Fourth 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 D D / M M / Y Y

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 D D / M M / Y Y

Fifth 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 D D / M M / Y Y

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 D D / M M / Y Y

Hospital code | Ward code | Patient ID

Extension sheet for HAI 2 and 3 (if required)

HAI 2

Infection

If SSI, record procedure

If BSI record source

Date admitted to current ward D D / M M / Y Y

Relevant device in situ before onset ☐ Yes ☐ No

Present at admission ☐ Yes ☐ No

Origin of infection ☐ Current hospital ☐ Other acute hospital ☐ Other origin

Date of onset D D / M M / Y Y

Microorganism 1 | Resistance 1

Microorganism 2 | Resistance 2

Microorganism 3 | Resistance 3

HAI 3

Infection

If SSI, record procedure

If BSI record source

Date admitted to current ward D D / M M / Y Y

Relevant device in situ before onset ☐ Yes ☐ No

Present at admission ☐ Yes ☐ No

Origin of infection ☐ Current hospital ☐ Other acute hospital ☐ Other origin

Date of onset D D / M M / Y Y

Microorganism 1 | Resistance 1

Microorganism 2 | Resistance 2

Microorganism 3 | Resistance 3