

↓ **Ward details should be completed by Ward contact/manager and PPS team lead in advance of survey** ↓

Ward name _____

Hospital Code

 Ward code

 Ward specialty

Ward List A2

↓ COMPLETED BY WARD STAFF FOR ALL PATIENTS ON THE WARD ↓													COMPLETED BY PPS DATA TEAM		
Bed number	Patient name	M/F	Years or Months	Neonate < 4 weeks	DD/MM/YY	+	+	+	+	+	+	+	+	Eligible patient	Patient Study Number
		Gender	Age Or month <2	Birth weight	Admission date	Surgery since admission	Surgery in last 24 hrs	Central vascular catheter	Peripheral vascular catheter	Urethral Catheter	Intubation	Patient on antimicrobial			
Total															

Note: If there are more than 20 beds on ward please continue on another Ward List – Completed Ward Lists to be retained by the PPS team leader