

Appendix 2

Patient Data Collection Form: Route of Administration tPPS (V1.1 – August 2025)

ONLY collect data for patients on selected medical wards who are prescribed non-topical antibacterials and antifungals



(1) SUBJECT DETAILS

1a. Subject ID: 1b. Ward: 1c. Year of birth: Y Y Y Y

		Antimicrobial 1	Antimicrobial 2	Antimicrobial 3
(2) DRUG AND TREATMENT DETAILS	2a. Antimicrobial name
	2b. Diagnosis site code for indication (see Appendix 4, Table 2) <input type="checkbox"/> Not applicable <input type="checkbox"/> Not applicable <input type="checkbox"/> Not applicable
	2c. Antimicrobial route of administration	<input type="checkbox"/> Parenteral (IV) <input type="checkbox"/> Oral (PO) <input type="checkbox"/> Inhalation (NEB) <input type="checkbox"/> Rectal (R)	<input type="checkbox"/> Parenteral (IV) <input type="checkbox"/> Oral (PO) <input type="checkbox"/> Inhalation (NEB) <input type="checkbox"/> Rectal (R)	<input type="checkbox"/> Parenteral (IV) <input type="checkbox"/> Oral (PO) <input type="checkbox"/> Inhalation (NEB) <input type="checkbox"/> Rectal (R)

For 3a – 3e:

- If patient not on IV, select “Not applicable” for all responses
- If indication is surgical antibiotic prophylaxis for 24 hours or less, select “Not applicable” for all responses.

(3) CURRENTLY ON IV	3a. Is the patient currently taking any oral medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	3b. Is the patient haemodynamically stable (heart rate and blood pressure are stable) or INEWs score decreasing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	3c. Are patient's signs and symptoms of infection improving?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable
	3d. Is the patient suitable for oral switch as per local guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable
	3e. Is there an opportunity to stop this patient's antimicrobial therapy? (only complete if patient is on IV)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable