Appendix 2

Patient Data Collection Form: Surgical Antibiotic Prophylaxis tPPS (V1.1 – July 2025)

ONLY collect data for antimicrobials prescribed for Surgical Antibiotic Prophylaxis (SAP).

<u>Do not</u> complete detailed data collection if antimicrobial is prescribed for treatment of suspected or confirmed infection.

Examples of antimicrobials prescribed around the time of surgery for confirmed/ suspected infection that should be EXCLUDED from this data collection:

- An antimicrobial prescribed for a patient awaiting theatre with a suspected infection, e.g. appendicitis
- An antimicrobial prescribed for a patient with an infected prosthetic joint undergoing/ having undergone a staged revision
- An antimicrobial prescribed for a patient where infection is suspected and culture results are awaited, for example patients with signs of septic arthritis
- An antimicrobial prescribed for a patient with intraoperative findings that indicate infection, or intraoperative findings/ complications, such as intra-abdominal perforation, that require longer duration of antimicrobials.

(1) SUBJECT DETAILS

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

		SAP Antimicrobial 1	SAP Antimicrobial 2	SAP Antimicrobial 3
(2) SAP TREATMENT DETAILS	**2a. Name of antimicrobial prescribed for SAP**	……………………	……………………..	……………………..
	2b. Indication code	☐ SP1 ☐ SP2 ☐ SP3	☐ SP1 ☐ SP2 ☐ SP3	☐ SP1 ☐ SP2 ☐ SP3
	2c. Surgical category (see Appendix 4, Table 2)	……………………	……………………..	……………………..
	2d. Operative procedure (see Appendix 4, Table 2)	NHSN–………….. ☐ Other ☐ Minimally invasive procedure	NHSN–………….. ☐ Other ☐ Minimally invasive procedure	NHSN–………….. ☐ Other ☐ Minimally invasive procedure
(3) SAP GUIDELINE COMPLIANCE	**3a. Is SAP indicated for this procedure according to local guidelines?**	☐ Yes ☐ No ☐ No local guideline for this procedure	☐ Yes ☐ No ☐ No local guideline for this procedure	☐ Yes ☐ No ☐ No local guideline for this procedure
	3b. Was SAP duration extended beyond the recommended maximum duration (as in local guidelines or if there are no local guidelines refer to the HSE position statement)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	3c. If "Yes" to question 3b, what was the reason for extending the antibiotics beyond the recommended duration?	*If "Yes" to 3b:* ☐ Drain in place ☐ No clear rationale ☐ Not documented ☐ Free text if not listed …………………..... *If "No" to 3b:* ☐ Not applicable	*If "Yes" to 3b:* ☐ Drain in place ☐ No clear rationale ☐ Not documented ☐ Free text if not listed ………………….. *If "No" to 3b:* ☐ Not applicable	*If "Yes" to 3b:* ☐ Drain in place ☐ No clear rationale ☐ Not documented ☐ Free text if not listed ………………….. *If "No" to 3b:* ☐ Not applicable
	3d. Did the patient receive the first line choice of antibiotic regimen recommended in the local antibiotic prescribing guidelines? (Note: This only refers to the antimicrobial agent choice.)	☐ Yes ☐ No – antimicrobial resistance ☐ No – penicillin allergy ☐ No – adverse drug reaction ☐ No – other ☐ Not applicable	☐ Yes ☐ No – antimicrobial resistance ☐ No – penicillin allergy ☐ No – adverse drug reaction ☐ No – other ☐ Not applicable	☐ Yes ☐ No – antimicrobial resistance ☐ No – penicillin allergy ☐ No – adverse drug reaction ☐ No – other ☐ Not applicable