

DEFINITIONS FOR QUAIC PILOT PROJECT AUDIT TOOL (VERSION 5, 2012)

Date of data collection: date randomly selected for review and audit data collection (i.e. not the date which the auditor is actually doing the data collection).

Hospital: Name of hospital in which patient is located.

Ward: Name of ward in which patient is located.

Audit number: Number assigned to the chart being audited by the data collector, e.g. 03052012 assigned to the 3rd patient audited in May 2012.

Allergy box been completed: the allergy/ADR box on the medication chart has been completed on the chart(s) that antimicrobials are prescribed on. At minimum, this should include listing the names of any drugs or ticking the boxes (Nil known or Unknown) AND signing and dating the ADR box.

Antimicrobial #1/2/3/4/5 prescribed: generic name of the antimicrobial the patient is on during the day of audit. For simplicity, brand names of some combination antimicrobials have been included.

Dose: dose in milligrams of the antimicrobial given on the day of audit.

Frequency: frequency of the antimicrobial given on the day of audit. For “qid” orders, select “6 hourly”. For “tds” orders, select “8 hourly”.

Route: route of the antimicrobial given on the day of the audit.

Indication for antimicrobials in notes/ drug chart/ antibiotic communication sheet: an indication or reason for prescription of the antimicrobial stated in the notes/ drug chart/ antibiotic communication sheet for the patient up to and including the day of audit.

Empiric: the antimicrobial has been prescribed without knowing the causative organism (i.e. no microbiology results are available to guide treatment).

Prophylactic: the antimicrobial has been prescribed to prevent an infection (i.e. the patient does not actually have signs of an infection).

Directed: the antimicrobial has been prescribed based on microbiology results (i.e. the likely organism(s) have been identified).

CNS: central nervous system infections e.g. meningitis, infective encephalitis, brain abscess.

CVS: cardiovascular system infections e.g. endocarditis.

Urinary: urinary tract infections e.g. cystitis and pyelonephritis.

Respiratory: respiratory tract infections e.g. pneumonia, influenza, acute epiglottitis, infective exacerbations of COPD.

Genital: genital and sexually transmitted infections e.g. epididymo-orchitis, chlamydia, gonorrhoea, genital herpes simplex viral infections, syphilis.

GI: gastrointestinal tract infections e.g. infectious diarrhoea, gastroenteritis, infections due to gastrointestinal helminths (worms) like schistosomiasis or strongyloidiasis, esophageal candidiasis, *H. pylori* infections.

Skin: skin infections e.g. impetigo, herpes zoster (shingles), infected eczema, varicella (chicken pox), cutaneous candidiasis, tinea, scabies.

Soft tissue: soft tissue infections e.g. cellulitis, erysipelas, necrotising fasciitis, diabetic foot infections.

Bone: bone and joint infections e.g. septic arthritis, osteomyelitis.

Blood: blood infections (bacteraemia), malaria and sepsis.

ENT: ear, nose and throat infections e.g. otitis media, oral candidiasis.

Community: infection is documented as being community-acquired, i.e. the patient did not develop the infection in hospital or has not recently been in hospital.

Hospital: infection is documented as being hospital-acquired, i.e. the patient developed the infection in hospital.

Correct dose: dose prescribed is the same as the dose recommended in the guidelines used to determine compliance.

Appropriate route: route prescribed is the same as the route recommended in the guidelines used to determine compliance.

Indication documented: indication for the antimicrobial prescribed stated in the notes/ drug chart/ antibiotic communication sheet.

Course length/ review date specified: course length/review date for the antimicrobial prescribed is stated or indicated in the notes/ drug chart/ antibiotic communication sheet. Look for markings on the medication chart such as "R/V" on a specific day following prescription of the antimicrobial.

Microbiology results documented: microbiology results are stated in the notes/ drug chart/ antibiotic communication sheet. This includes comments such as "nil growth to date" or "nil growth".

Antimicrobial is restricted in ICU: the antibiotic policy used in the hospital states that approval is needed from Infectious Diseases/ Microbiology/ Drug Committee to use the prescribed antimicrobial in the ICU.

If restricted, approval obtained: the antimicrobial prescribed is restricted in ICU and there is evidence that approval was obtained e.g. approval number code, documented discussion/ advice from the Infectious Diseases/ Microbiology team.

Drug commenced after ID approval: the antimicrobial prescribed is restricted in ICU and was commenced after consultation with the Infectious Diseases/ Microbiology team e.g. documented discussion/ advice from the Infectious Diseases/ Microbiology team in the notes.

Prescription complies with guidelines: the antimicrobial prescribed complies with recommendations for that indication in *Therapeutic Guidelines: Antibiotic*, hospital policy/guidelines, is on microbiology/ID advice, or complies with other nominated guidelines in use (to be specified). By compliant, this means the antimicrobial selected, the dose, the route, and the frequency are all the same as recommended in the guidelines.

Guidelines used to determine compliance: Specify the guidelines used to determine compliance for the antimicrobial prescribed. *Therapeutic Guidelines: Antibiotic* should be referred to first, followed by hospital policy/guidelines and microbiology/ID advice. If upon investigation other guidelines have been used, state the name of these guidelines in the “other” free-text field.

Other antimicrobials been prescribed for this patient: The patient received other antimicrobials on the day of the audit.