Form number: 7

Antibiotics Form—Follow-up

sepsis adapt
Biomarker-guided antibiotic duration for sepsis

Participant Trial Number: ☐☐☐☐ **Participant Initials:** ☐☐

Randomising Site:

Antibiotics administered — Complete this form if antibiotics are re-introduced in the follow-up period and up to 28 days post randomisation.

Antibiotics delivered for suspected sepsis episode *	Date and time started	Dose	Unit *	Frequency *	Route *	Given for reason other than infection?	Stopped/ Changed (please circle)	If antibiotic has stopped/ changed, indicate reason *	Date and time stopped
	dd-mon-yyyy hh:mm					No/Yes	No/Yes		dd-mon-yyyy hh:mm If patient discharged on antibiotics, please specify expected end date: dd-mon-yyyy hh:mm
						If yes were these used for: ☐ Anti-inflammatory and immunomodulatory effects ☐ Gastro-intestinal stasis ☐ Other, please specify _____			
	dd-mon-yyyy hh:mm					No/Yes ☐	No/Yes		dd-mon-yyyy hh:mm If patient discharged on antibiotics, please specify expected end date: dd-mon-yyyy hh:mm
						If yes were these used for: ☐ Anti-inflammatory and immunomodulatory effects ☐ Gastro-intestinal stasis ☐ Other, please specify _____			

* complete using coded lists on instructions page

Form completed by (print name): _____

(Please note: your name must be on the trial delegation log)

Signature: _____ **Date signed:** dd-mon-yyyy

Form number: 7

Antibiotics Form—Follow-up

sepsis adapt
Biomarker-guided antibiotic duration for sepsis

Participant Trial Number: ☐☐☐☐ **Participant Initials:** ☐☐

Randomising Site:

Continuation Page — Complete this form if antibiotics are re-introduced in the follow-up period and up to 28 days post randomisation.

Antibiotics delivered for suspected sepsis episode *	Date and time started	Dose	Unit *	Frequency *	Route *	Given for reason other than infection?	Stopped/ Changed (please circle)	If antibiotic has stopped/ changed, indicate reason *	Date and time stopped
	d d - m o n - y y y y h h : m m					No/Yes	No/Yes		d d - m o n - y y y y h h : m m If patient discharged on antibiotics, please specify expected end date: d d - m o n - y y y y h h : m m
						If yes were these used for: ☐ Anti-inflammatory and immunomodulatory effects ☐ Gastro-intestinal stasis ☐ Other, please specify _____			
	d d - m o n - y y y y h h : m m					No/Yes ☐ ☐	No/Yes		d d - m o n - y y y y h h : m m If patient discharged on antibiotics, please specify expected end date: d d - m o n - y y y y h h : m m
						If yes were these used for: ☐ Anti-inflammatory and immunomodulatory effects ☐ Gastro-intestinal stasis ☐ Other, please specify _____			

Form completed by (print name): _____

Signature: _____ **Date signed:** d d - m o n - y y y y

(Please note: your name must be on the trial delegation log)

Form number: 7

Antibiotics Form—Follow-up

sepsis adapt
Biomarker-guided antibiotic duration for sepsis

Participant Trial Number: ☐☐☐☐ **Participant Initials:** ☐☐

Randomising Site:

Continuation Page — Complete this form if antibiotics are re-introduced in the follow-up period and up to 28 days post randomisation.

Antibiotics delivered for suspected sepsis episode *	Date and time started	Dose	Unit *	Frequency *	Route *	Given for reason other than infection?	Stopped/ Changed (please circle)	If antibiotic has stopped/ changed, indicate reason *	Date and time stopped
	d d - m o n - y y y y h h : m m					No/Yes	No/Yes		d d - m o n - y y y y h h : m m If patient discharged on antibiotics, please specify expected end date: d d - m o n - y y y y h h : m m
						If yes were these used for: ☐ Anti-inflammatory and immunomodulatory effects ☐ Gastro-intestinal stasis ☐ Other, please specify _____			
	d d - m o n - y y y y h h : m m					No/Yes ☐ ☐	No/Yes		d d - m o n - y y y y h h : m m If patient discharged on antibiotics, please specify expected end date: d d - m o n - y y y y h h : m m
						If yes were these used for: ☐ Anti-inflammatory and immunomodulatory effects ☐ Gastro-intestinal stasis ☐ Other, please specify _____			

Form completed by (print name): _____

Signature: _____ **Date signed:** d d - m o n - y y y y

(Please note: your name must be on the trial delegation log)

Completion Guidelines for CRF 7: Antibiotics Form—Follow-up

This is a rolling CRF to be updated as antibiotics prescribed change during a patient's care, therefore ensure this is signed off as each page is completed or at the end of the intervention period, whichever is first.

Participant Initials:	Write the initials of the participant's first/given name and surname/family name only. For double barrelled surnames/ family names use the initial from the first part of the surname/family name.
Dates:	Please use the following formats for dates: 06-Jun-1956.
Times:	Please record all times in the 24-hour format.

Completion Guidelines for CRF 7: Antibiotics Form—Follow-up

- When completing the table please enter the numerical code corresponding to the following antibiotics as applicable:

Code	**Antibiotic**
1	AMIKACIN
2	AMOXICILLIN
3	AMPICILLIN
4	AMPICILLIN WITH FLUCLOXACILLIN
5	AZITHROMYCIN
6	AZTREONAM
7	BENZYLPENICILLIN SODIUM (Penicillin G)
8	CEFACLOR
9	CEFADROXIL
10	CEFALEXIN
11	CEFIXIME
12	CEFOTAXIME
13	CEFRADINE
14	CEFTAROLINE FOSAMIL
15	CEFTAZIDIME
16	CEFTAZIDIME WITH AVIBACTAM
17	CEFTOBIPROLE
18	CEFTOLOZANE WITH TAZOBACTAM
19	CEFTRIAXONE
20	CEFUROXIME
21	CHLORAMPHENICOL
22	CIPROFLOXACIN
23	CLARITHROMYCIN
24	CLINDAMYCIN
25	CO-AMOXICLAV
26	CO-FLUAMPICIL
27	COLISTIMETHATE SODIUM
28	CO-TRIMOXAZOLE
29	DALBAVANCIN
30	DAPSONE
31	DAPTOMYCIN

Code	**Antibiotic**
32	DEMECLOCYCLINE HYDROCHLORIDE
33	DOXYCYCLINE
34	ERTAPENEM
35	ERYTHROMYCIN
36	FIDAXOMICIN
37	FLUCLOXACILLIN
38	FOSFOMYCIN
39	GENTAMICIN
40	IMIPENEM WITH CILASTATIN
41	LEVOFLOXACIN
42	LINEZOLID
43	LYMECYCLINE
44	MEROPENEM
45	METHENAMINE HIPPURATE (Hexamine hippurate)
46	METRONIDAZOLE
47	MINOCYCLINE
48	MOXIFLOXACIN
49	NALIDIXIC ACID
50	NEOMYCIN SULFATE
51	NITROFURANTOIN
52	NORFLOXACIN
53	OFLOXACIN
54	OXYTETRACYCLINE
55	PHENOXYMETHYLPENICILLIN (Penicillin V)
56	PIPERACILLIN WITH TAZOBACTAM
57	PIVMECILLINAM HYDROCHLORIDE
58	RIFAMPICIN
59	RIFAXIMIN
60	SODIUM FUSIDATE (Fusidic acid)
61	STREPTOMYCIN
62	SULFADIAZINE

Code	**Antibiotic**
63	TEDIZOLID
64	TEICOPLANIN
65	TELAVANCIN
66	TEMOCILLIN
67	TETRACYCLINE
68	TICARCILLIN WITH CLAVULANIC ACID
69	TIGECYCLINE
70	TINIDAZOLE
71	TOBRAMYCIN
72	TRIMETHOPRIM
73	VANCOMYCIN
74	OTHER

Completion Guidelines for CRF 7: Antibiotics Form—Follow-up

- When completing section A, please enter the numerical codes corresponding to the following units, frequency, routes and reasons as applicable:

Code	**Unit**
1	g
2	mg
3	other

Code	**Frequency**
1	Once daily—Od
2	Twice daily—Bd
3	Three times daily—Tds
4	Four times daily—Qds
5	One off
6	Continuous infusion

Code	**Route**
1	IV
2	Oral
3	Rectal
4	Nebuliser

Code	Reason for change
1	Antibiotic escalation
2	Antibiotic de-escalation
3	Re-infection/recurrence
4	New infection/superinfection
5	Clinical relevant suspected antibiotic associated adverse reaction (complete Antibiotic Adverse reaction CRF)
6	Antibiotics stopped
7	Other, please specify

- For antibiotics given at regular intervals (e.g. antibiotic X three times a day), record the value of an individual dose and then complete relevant frequency.

- For antibiotics given as continuous infusions, record the total dose given over the last 24 hours based on the patient prescription and the recorded units and complete the frequency column with code 7 for continuous infusion.

Completion Guidelines for CRF 7: Antibiotics Form—Follow-up

Guidance on Macrolide drugs: Erythromycin, Azithromycin and Clarithromycin

These drugs can sometimes be used for their effects other than for treating infection.

1. Used long term (many months) for their anti-inflammatory and immunomodulatory effects in patients with chronic lung diseases (e.g. COPD, bronchiectasis and asthma). It is likely that if a patient is admitted to critical care with sepsis, these drugs will not be continued for this purpose. However, they may be reintroduced later (perhaps within 28-days) or commenced as new therapy in a patient with chronic lung disease. If these drugs are given in this way, they need to be indicated as such in the antibiotic forms (intervention and follow up).

2. Erythromycin is sometimes used in an attempt to treat gastro-intestinal stasis in critical illness. It is an unlicensed use for this purpose and we do not recommend its use in this way. However, if it is used for this purpose and not for the treatment of infection, this will need indicating on the antibiotic forms (intervention and follow-up)

For any use of a macrolide antibiotic in ADAPT-Sepsis, it is important that the research team discuss with the clinical team why they are being given within the intervention and follow up periods.