Appendix. 1. OASIS Standardized Case Report

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| **Data Category** | **Data Category Details** |
| General event information | Event recording date  Facility identifier  Unique resident Identifier |
| Resident type | Post-acute or long-term stay |
| Location antibiotic initiated | Nursing home versus emergency department or clinic |
| Antibiotic prescribed a | Antibiotic group (e.g., cephalosporins, rifampin)  Antibiotic prescribed within the group  Antibiotic dose, frequency and route  Start and end date of the antibiotic event  Justification for antibiotic b  Reason for stopping antibiotic c |
| Antibiotic event ordering data | Method of contact and date/time of 1st contact attempt  Date/time order given and 1st antibiotic dose administered  Method of order  Timing of provider’s assessment of resident  Information about antibiotic modification |

a The online system captured up to three antibiotic events.

b Justification included: cystitis/UTI, pneumonia/COPD Exacerbation/LRTI, Sinusitis/URTI, cellulitis, infected wound, abscess, bacteremia, prophylaxis, and other.

c Reason for stopping included: conclusion of therapy, change in therapy, patient deceased, patient transferred to hospital, and other.