Appendix. 1. OASIS Standardized Case Report

|  |  |
| --- | --- |
| **Data Category** | **Data Category Details** |
| General event information | Event recording dateFacility identifierUnique 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 groupAntibiotic dose, frequency and routeStart and end date of the antibiotic eventJustification for antibiotic bReason for stopping antibiotic c |
| Antibiotic event ordering data | Method of contact and date/time of 1st contact attemptDate/time order given and 1st antibiotic dose administeredMethod of orderTiming of provider’s assessment of residentInformation 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.