Antibiotic treatment day 1-14

Participant ID

_____
(REDCap auto generated)

ISRCTN 40512746

Metoclopramide for Avoiding Pneumonia after Stroke Trial Antibiotic treatment day 1-14   v1.1

Section A: Participant details

A1. Centre name :

A2. Participant ID :

A3. Participant initials :

Section B: Antibiotic treatment

B1. Date of data collection

_____
(dd-mm-yyyy (day [day_calculated_at]))

B2a. Antibiotic name

- ☐ Amoxicillin
- ☐ Aztreonam
- ☐ Cefuroxime
- ☐ Clarythromycin
- ☐ Clindamycin
- ☐ Co-amoxiclav
- ☐ Doxicyclin
- ☐ Meropenem
- ☐ Metronidazole
- ☐ Nystatin (topical)
- ☐ Tazocin
- ☐ Trimethoprim
- ☐ Vancomicin oral/NG/PEG
- ☐ Vancomycin IV
- ☐ Other

(If other, please provide details)

B2b. If other antibiotic, please specify

_____
(Antibiotic name)

B3a. Indication

- ☐ Pneumonia
- ☐ Lower respiratory tract infection
- ☐ Urinary tract infection
- ☐ Phlebitis
- ☐ Cellulitis
- ☐ Sepsis
- ☐ Other

(If other, please provide details)

B3b. If other indication, please specify

_____
(Indication)

B4. Start date

_____

B5a. Antibiotic status

○ Treatment ongoing
○ Course of treatment completed
(Ongoing, no End date specified)

B5b. End date

_____

B6. Any other antibiotic
If yes, please fill another Antibiotic treatment form

○ Yes   ○ No
(If yes, please fill another "Antibiotic treatment day 1-14" CRF)

Comments and full explanation for missing data

Are any values missing due to tests not done (or measures not taken), or because data are unknown and every effort has been made to find the data – i.e. 'Not done' / 'Not known'?

○ Yes
○ No

Comments

If any values are missing, please provide a full explanation

_____