



Instruction for filling in the registration chart IMAGINE - 2. registration

Please register all nursing home **residents who begin antibiotic treatment** – for any indication – during the **3-month** registration period.

Only new antibiotic treatments must be registered.

Extensions of ongoing treatments or change of antibiotic for the same episode should *not* be included.

Prophylactic treatment should not be registered.

Treatments started at hospital should not be registered.

If a resident receives antibiotic treatment for several indications, for example a urinary tract- and a skin infection, please **fill in one line for each infection**.

Please consider carefully where you **place the registration chart(s)** – for example in the nursing homes' main office or in the residents' rooms.

We recommend that you **every day** decide **who is responsible** for filling in the chart - ensuring that **all antibiotic treatments** started that day are registered.

An antibiotic treatment ought only to be **registered once** and preferable at the **first day of the treatment period**.

Age	Please provide age in years.
Sex	State if the resident is a female or male.
Indication for treatment	Only 1 tick <input checked="" type="checkbox"/> Please indicate if antibiotics was used for treatment of a urinary tract infection or another indication. If you do not know the indication – please tick off “Unknown indication”.
Risk factors for urinary tract infection	Minimum 1 tick <input checked="" type="checkbox"/> Please indicate if the resident has any of the stated risk factors.



<p>New onset or worsening of preexisting symptoms</p>	<p>Minimum 1 tick <input checked="" type="checkbox"/></p> <p>Please indicate if any of the listed findings/symptoms are present. Importantly, only new onset or worsening of preexisting symptoms should be registered.</p> <p>Definitions: <u>Confusion:</u> Not being able to think or speak clearly, feeling disorientated, struggle to pay attention or remember, see, or hear things that are not there. <u>Apathy:</u> Lack of interest, concern, or emotion. <u>Agitation:</u> Physical or verbal aggression, restlessness, or impulsivity.</p> <p>Remember to tick off “None of the above” if none of the preceding columns in this section are filled in.</p>
<p>New onset or worsening of urogenital symptoms</p>	<p>Minimum 1 tick <input checked="" type="checkbox"/></p> <p>Please indicate if any of the urogenital symptoms are present.</p> <p>Remember to tick off “None of the above” if none of the preceding columns in this section are filled in.</p>
<p>Urinalyses</p>	<p>Minimum 1 tick <input checked="" type="checkbox"/></p> <p>Urine sample sent for culture Please indicate if a urine sample is sent for culture.</p> <p>Urinary dipstick Please indicate if a dipstick is performed at the nursing home or laboratory. If possible, indicate if the urinary dipstick is positive for nitrite and/or leucocytes.</p> <p>No urinalyses Please, tick off “No urinalyses” if no urine sample has been sent for culture and/or no urinary dipstick is performed/requested at a laboratory.</p>
<p>Antibiotics (systemic)</p>	<p>Minimum 1 tick <input checked="" type="checkbox"/></p> <p>Please indicate what type(s) of antibiotic has been issued. Attached, please see the list with examples of various types of antibiotics.</p> <p>If the type of antibiotic issued is not on the list, please tick off “Other antibiotics”.</p> <p>If you are unsure about the type of antibiotic used, please indicate “Do not know”.</p>
<p>Treatment duration</p>	<p>Please state the expected duration of antibiotic treatment.</p> <p>If more than one antibiotic is prescribed, please state the duration of treatment of the longest course.</p> <p>If the treatment length is not specified or unknown, please indicate 999.</p>