

Supplement 1: Infectious Diseases Ward Round Patient Presentation by Junior medical PICU-staff

PART 1: Case presentation by a junior medical staff member according to the (I)SBAR principle. The junior medical staff member projects all relevant data on the screen. Alternate use of COSARAPed and traditional individual sources (GLIMS, EPD, PACS).

| | |
|------------------------------|--|
| <p>Identification</p> | <ul style="list-style-type: none"> ● name ● age ● length of stay <p><i>Isbar, 4 years old boy, admitted 5 days ago</i></p> |
| <p>Situation</p> | <ul style="list-style-type: none"> ● reason for admission ● current clinical status (stable/unstable) ● degree of organ failure <p><i>Polytrauma after road traffic accident. Neurotrauma (skull base fracture with cerebrospinal fluid leak and extensive subdural hematoma) for which urgent neurosurgery (decompressive bone flap en placement of and external ventricle drain) at the moment of admission.</i></p> <p><i>Blunt thoracic and abdominal trauma handled conservatively.</i></p> <p><i>Currently sedated and ventilated which blood pressure support in the context of neuroprotection.</i></p> <p><i>Central venous access in place.</i></p> |
| <p>Background</p> | <ul style="list-style-type: none"> ● infectiological history <p><i>At day two of admission there was fever and purulent sputum for which amoxicillin/clavulanic acid was start intravenously because of suspicion of ventilator acquired pneumoniae.</i></p> |
| <p>Assessment</p> | <ul style="list-style-type: none"> ● infectiological data (cultures, inflammatory blood tests, viral tests, |

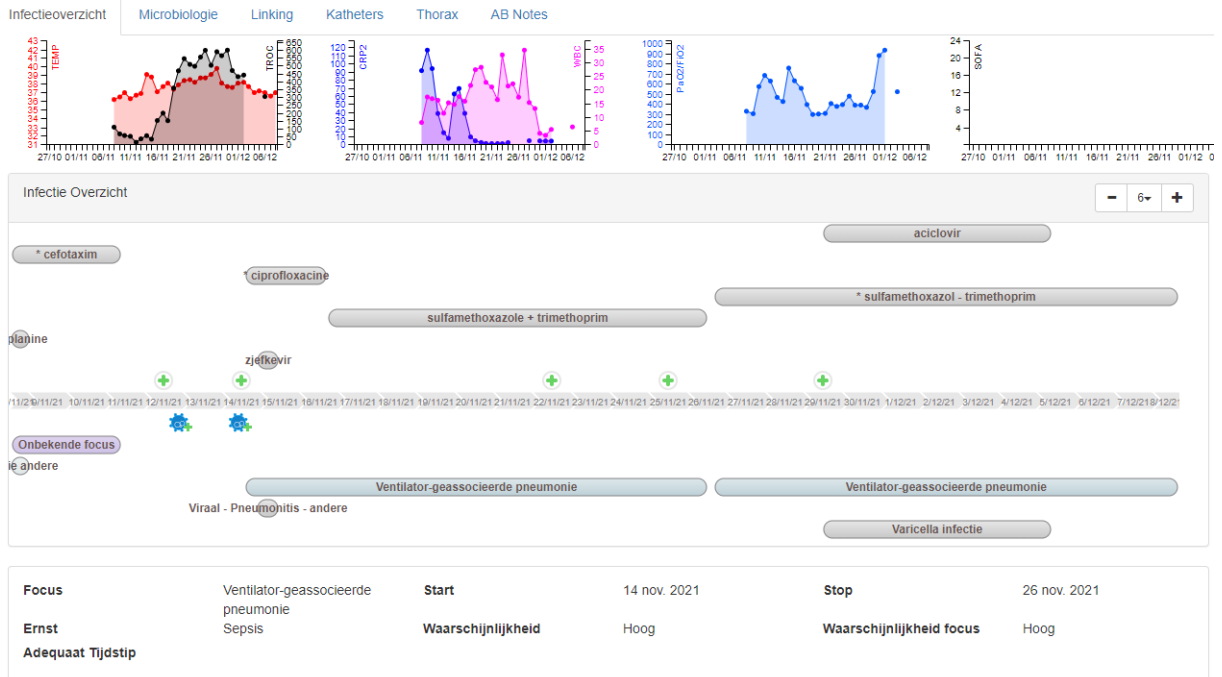
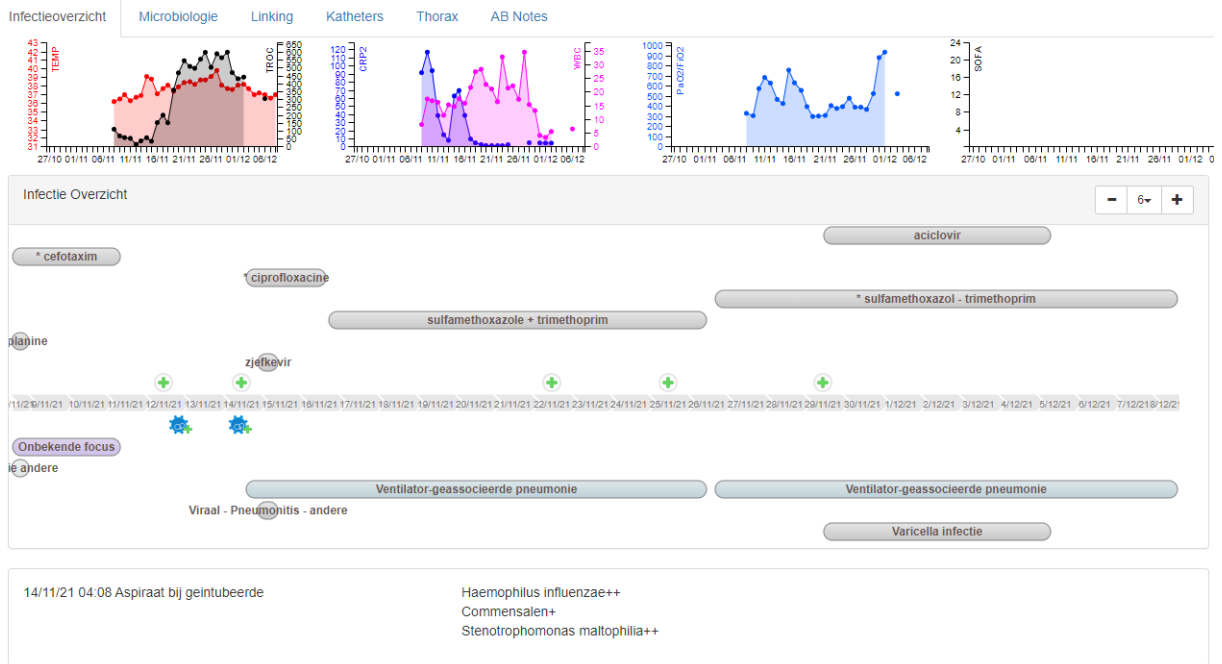
| | |
|-----------------------|--|
| | <p>radiology)</p> <p><i>CRP escalated to 140 mg/L, white blood cell count to 18 000/μL with neutrophilia.</i></p> <p><i>Sputum cultures revealed H. Influenzae with current antibiogram (see projection).</i></p> <p><i>Chest X-ray revealed a pneumonic infiltrate of the right upper lobe.</i></p> <p><i>Faeces cultures revealed an ESBL-producing E. Coli.</i></p> <p><i>After initial normalisation of temperature, CRP and white blood cell count, there has been a relapse of fever since yesterday.</i></p> |
| <p>Recommendation</p> | <ul style="list-style-type: none"> ● current antimicrobial policy ● own proposal ● further diagnostic approach <p><i>Hemocultures and CSF cultures were taken. We are suspicious of a catheter infection or a central neurological infection. We would like to cover multiresistant gram negative bacteria.</i></p> |

PART 2: Discussion with the ID ward round team (a senior pediatric intensive care consultant, a senior infectious disease consultant, a senior clinical pharmacist, a senior microbiologist).

Formulation of recommendation.

PART 3: Wrap-up by the junior medical staff member.

Supplement 2 : Illustration COSARAPed



[Bacteriën](#) |
 Stalen |
 [Urine sediment](#)

| Tijdstip staalfname | Materiaal | Kulturen | |
|---------------------|---------------------------|---|---|
| 29/11/21 12:21 | Faeces/Anale wisser | 1 Stenotrophomonas maltophilia . | + |
| 29/11/21 12:21 | Mond/Keeluitstrijk | 1 Stenotrophomonas maltophilia . | + |
| 25/11/21 10:07 | Sputum | 1 Commensalen ++ 2 Stenotrophomonas maltophilia + | + |
| 22/11/21 10:07 | Mond/Keeluitstrijk | 1 Stenotrophomonas maltophilia . | + |
| 14/11/21 04:08 | Aspiraaf bij geintubeerde | 1 Haemophilus influenzae ++ 2 Commensalen + 3 Stenotrophomonas maltophilia ++ | + |
| 12/11/21 15:30 | Aspiraaf bij geintubeerde | 1 Stenotrophomonas maltophilia ++ 2 Commensalen +- | + |

[Lijst leegmaken](#)

| | |
|------------------------------|-----------------------------|
| 211114-1409 | |
| 14/11/21 04:08 | |
| Materiaal | Aspiraaf bij geintubeerde |
| Cultures | 1 Haemophilus influenzae ++ |
| Amoxicilline | R |
| Amoxicilline - clavulaanzuur | R |
| Cotrimoxazol | S |
| Cefuroxim (IV) | R |
| Ofloxacine/levofloxacine | R |

| Infectie | Medicatie | Verantwoordelijke culturen | Bijdragende culturen | Finaal |
|---|--|---|----------------------|--------|
| Varicella infectie 29 nov. 2021 - 5 dec. 2021 | aciclovir 29 nov. 2021 - 5 dec. 2021 | Empirisch | | ✓ |
| Ventilator-geassocieerde pneumonie 26 nov. 2021 - 8 dec. 2021 | sulfamethoxazol - trimethoprim 26 nov. 2021 - 8 dec. 2021 | Stenotrophomonas maltophilia ++ 14 nov. 2021 Aspiraaf bij geintubeerde | | ✓ |
| Viraal - Pneumonitis - andere 14 nov. 2021 - 15 nov. 2021 | zjefkevir 14 nov. 2021 - 15 nov. 2021 | Serologische diagnose | | ✓ |
| Ventilator-geassocieerde pneumonie 14 nov. 2021 - 26 nov. 2021 | sulfamethoxazole + trimethoprim 16 nov. 2021 - 26 nov. 2021 | Stenotrophomonas maltophilia ++ 14 nov. 2021 Aspiraaf bij geintubeerde | | ✓ |
| | ciprofloxacin 14 nov. 2021 - 16 nov. 2021 | Stenotrophomonas maltophilia ++ 12 nov. 2021 Aspiraaf bij geintubeerde | | ✓ |
| Onbekende focus 8 nov. 2021 - 11 nov. 2021 | cefotaxim 8 nov. 2021 - 11 nov. 2021 | Empirisch | | ✓ |
| Profylaxie andere 8 nov. 2021 - 8 nov. 2021 | teicoplanine 8 nov. 2021 - 8 nov. 2021 | Empirisch | | ✓ |

ECMO catheter(1) DRAINAGE

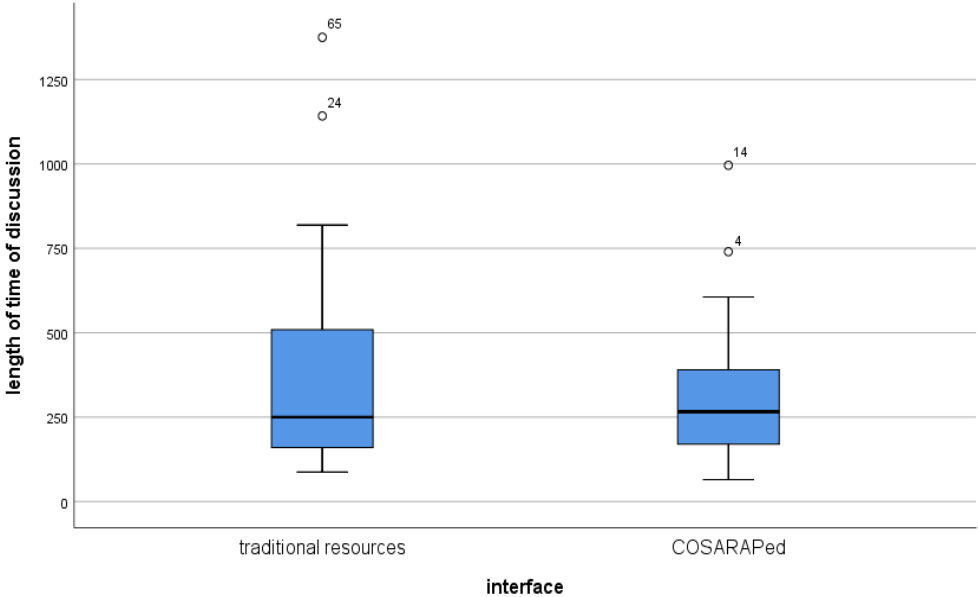
ECMO catheter(2) TERUGGAVI

Dialyse Catheter - Kind

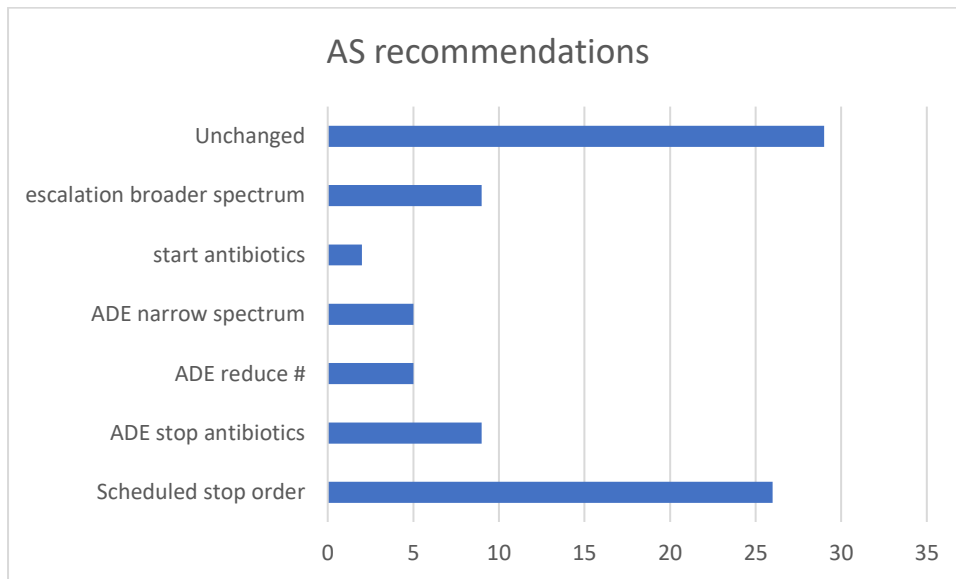


| | | | | | |
|--------------|------------------------------|---------------------|---------------|----------------|----------------|
| Name | ECMO catheter(1) DRAINAGE | Starttime | 8/11/21 12:47 | Endtime | 10/11/21 13:51 |
| Place | A carotis re | Startlocatie | Plaatsing | | |

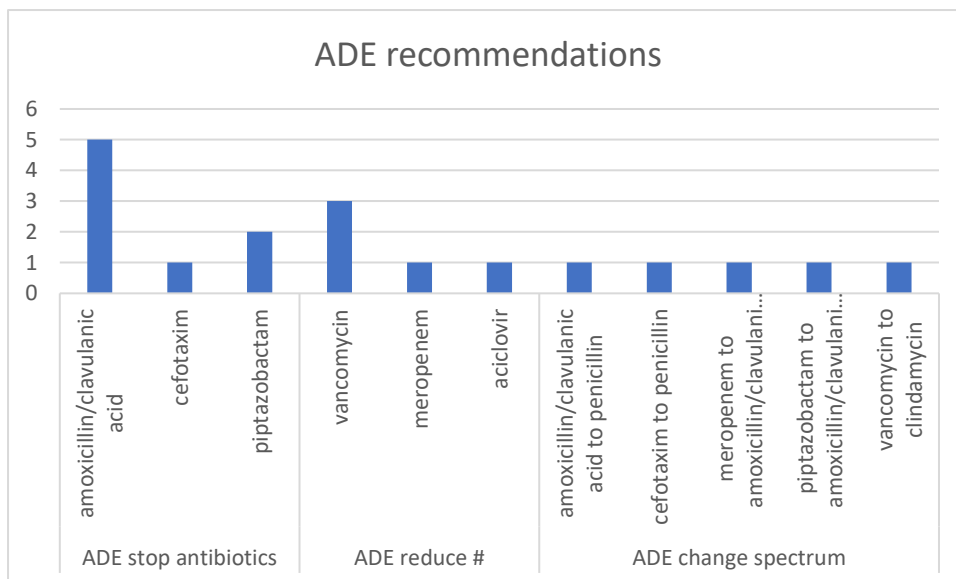
Supplement 3 : Duration handover/discussion



Supplement 4 : AS-interventions



Graphic 2 : AS recommendations



AS Interventions : ADE recommendations