**Appendices**

**Appendix A: Sample Allocation and Distribution of Inpatients by Ward at Juba Teaching Hospital (2016)**

|  |  |
| --- | --- |
| Medical Ward  | Surgical Ward |
| **Month** | **Admission** | **Proportion** | **Sample size** | **Month** | **Admission** | **Proportion** | **Sample size** |
| Jan | \* |  |  | Jan | \* |  |  |
| Feb | 10,541 | 34% | 112 | Feb | 1,293 | 14% | 14 |
| Mar | 3,214 | 10% | 34 | Mar | 2,376 | 25% | 25 |
| Apr | 2,375 | 8% | 25 | Apr | 931 | 10% | 10 |
| May | 1,050 | 3% | 11 | May | 240 | 3% | 3 |
| Jun | 3,176 | 10% | 34 | Jun | 1,517 | 16% | 16 |
| Jul | 1,274 | 4% | 14 | Jul | 179 | 2% | 2 |
| Aug | 2,349 | 8% | 25 | Aug | 454 | 5% | 5 |
| Sep | 1,193 | 4% | 13 | Sep | 243 | 3% | 3 |
| Oct | 1,906 | 6% | 20 | Oct | 693 | 7% | 7 |
| Nov | 778 | 3% | 8 | Nov | 184 | 2% | 2 |
| Dec | 3,061 | 10% | 32 | Dec | 1,224 | 13% | 13 |
| **Total** | **30,917** | **100%** | **328** |   | **9,334** | **100%** | **100** |

*Note:* ***\**** *No records available for this month*

**Appendix B: Criteria Proposed by Baktygul et al. 2011** [18]



**Appendix C: Data Collection Form**

|  |  |  |  |
| --- | --- | --- | --- |
|   |  **Antibiotic Use at Juba Teaching Hospital** |   |   |
|   |   | **Section A: Identification Information** |   |   |   |
| A. Name of data collector:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | B. Code No.:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C. Form unique number:\_\_\_\_\_\_\_\_\_\_\_ |  D. Date of data collection: \_\_\_/\_\_\_/20\_\_\_ |
|  |  | **Section B: Demographic and Clinical Information** |  |  |
| Q No. | Questions and filters | Coding categories |   | Skips |   |
| 101 |  Age |  |   |  0–5 years ………………..1 |  |   |
|   |   |  |   |  6–17 years ………………2 |  |   |
|   |   |  |   |  ≥18 years …………………3 |  |   |
| 102 |  Sex |  |   |  Male ………………………..1 |  |   |
|   |   |  |   |  Female …………………….2 |  |   |
| 103 |  Occupation |   |  Businessman …………..1 |  |   |
|   |   |  |   |  Teacher …………………...2 |  |   |
| 104 |  Diagnosis |   |  Respiratory tract disease……….........1 |  |   |
|   |   |  |   |  Genitourinary tract disease……........2 |  |   |
|   |   |  |   |  Gastrointestinal tract disease..........3 |  |   |
|   |   |  |   |  Pregnancy & childbirth illness……….4 |  |   |
|   |   |  |   |  Consequence of external cause…....5 |  |   |
|   |   |  |   |  Circulatory system disease…............6 |  |   |
|   |   |  |   |  Infectious & parasitic disease….......7 |  |   |
|   |   |  |   | Others…………………………...........8 |  |   |
| 105 |  Length of hospital stay |  0–7 days.......1 |  |   |
|   |   |  |   |  8–14 days......2 |  |   |
|   |   |  |   |  ≥15 days.........3 |  |   |
| 106 |  Ward |  |   |  Medical …………………..1 |  |   |
|   |   |  |   |  Surgical …………………..2 |  |   |

|  |  |  |
| --- | --- | --- |
|   |   | **Section C: Antibiotic Prescription Pattern** |
| 201 | Antibiotic(s) prescribed *(Please state medicine name as indicated in the patient file)* |  Metronidazole ……….. A = Ampicillin ………………. B = 2 |
| 202 |  Number of antibiotic(s) |  One …………………………1 |
|   |  prescribed |   |  Two …………………………2 |
|   |   |  |   |  Three ………………………3 |
|   |   |  |   |  Four ………………………..4 |
|   |   |  |   |  Five …………………………5 |
| 203 |  Dosage method |  Tablet ……………………..1 |
|   |   |  |   |  Capsule …………………..2 |
|   |   |  |   |  Injection soln ………....3 |
|   |   |  |   |  Susp/ syrup ……………..4 |
|   |   |  |   |  Ointment ………….…….5 |
|   |   |  |   |  Other ………………………6 |
| 204 |  Duration of therapy |  0–7 days …………………1 |
|   |   |  |   |  8–14 days ……………….2 |
|   |   |  |   |  ≥15 days …………………3 |
| 205 |  Route of administration |  Oral ………………………..1 |
|   |   |  Intramuscular …………2 |
|   |  |  Intravenous ……………3 |
|   |   |  Intra-bone ………………4 |
|   |   |  Topical ……………………5 |
|   |   |  Other ……………………..6 |
|   |   | **Section D: Quality Assessment for Antibiotic Use** |
| 301 |  Drug choice correct: |  Yes …………………………..1 |
|   |   |  No ……………………………2 |
| 302 | Duration of therapy correct:  |  Yes ………………………….1 |
|   |  |  No …………………………..2 |
| 303 |  Given dosage correct: |  Yes …………………………..1 |
|   |   |  No ……………………………2 |
| 304 |  Correct route of administration:  |  Yes …………………………..1 |
|   |   |  No ……………………………2 |

|  |  |  |
| --- | --- | --- |
|   |   | **Section E: Appropriateness of Antibiotics Use** |
| 401 |  The prescribed antibiotic(s) are: |  Appropriately used ………...1 |
|   |   |  Not appropriately used…….2 |
| 402 | Antibiotics are indicated for treatment according to national guidelines: |  Yes ………………………….1 |
|   |  No …………………………..2 |
|   |  |  |  |