Appendix 1 (part 1 of 4): Data collection form.

Date of collection_____

Baseline Information:

Patient #		
Age at time of admission (years)		
Sex (M/F)		
Admission Weight (kg) (D/M/Y)		
Admission BMI (kg/m^2) (D/M/Y)		
Admission date (D/M/Y)		
Discharge date (D/M/Y)		
Total length of hospital stay (days)		
Recurrent infection	Yes	No
Relevant risk factors (blank if undocumented):	Yes	Comment
Bone/joint infections:	Type of infection:	
Diabetes mellitus		
Vascular insufficiency (PVD, etc.)		
Rheumatic disease (RA, OA)		
Immunocompromised (HIV, immunosuppressive medications, genetic, malignancy)	Specify: If immunosuppressive medication include name and dose:	
Chronic disease (liver, kidney)		
IVDU		
Obesity (BMI 30 kg/m^2 and above/specified)		
Peripheral neuropathy		
Hardware (i.e. prosthetic joint)		
History of bone/joint infection		
Trauma		
Intraarticular corticosteroid injection in area		
Chronic ulcer (decubitus ulcer, etc.)		
Other:		

Indication for Cefazolin and Probenecid:

Infectious presenting signs and symptoms and date (D/M/Y)	
Initial infectious diagnosis and date (D/M/Y)	
Prosthetic material in infected area (Y/N)	
Cefazolin and probenecid empiric therapy on initiation (Y/N and if N see below)	

Dearing ME, Burgess SV, Murphy V, Campbell S, Johnston L, Ramsey TD. Prescribing patterns and patient outcomes for bone and joint infections treated with cefazolin and probenecid: a retrospective observational study. *Can J Hosp Pharm*. 2020;73(3):202-8.

Appendix 1 (part 2 of 4): Data collection form.

Other empiric therapy (specify antibiotic)	
Number of days of empiric therapy	
Final infective diagnosis and date (D/M/Y)	
Additional antimicrobial therapy in addition to cefazolin and probenecid related to bone/joint infection (Y/N and specify if Y)	
Home address in XXX (Y/N and specify if N)	

Antibiotic Time Course (including cefazolin and probenecid):

Name	Dose	Route	Frequency	Start Date (D/M/Y)	End Date (D/M/Y)

Prescribing Outcome Data:

Drug	Cefazolin	Probenecid
Dose (g)		
Frequency		
Route	IV	PO
Therapy start date (D/M/Y):		
Therapy end date (D/M/Y):		
Duration of therapy (days)		

Outcome Data:

Documented resolution of infectious signs and symptoms and date (D/M/Y) (Y/N and if N see below)	
Further documentation of infectious signs and symptoms at end of cefazolin/probenecid course (Y/N)	
Further documentation of infectious signs and symptoms up to 12 months after the end of cefazolin/probenecid course (Y/N)	
Step-down from IV to oral antibiotics (Y/N and date, D/M/Y, if Y)	
Mortality (Y/N and date, D/M/Y, up to 12 months after completion of end of cefazolin/probenecid)	
Readmission to hospital related to bone/joint infection requiring antimicrobial therapy (Y/N and date, D/M/Y if Y, after completion of cefazolin/probenecid course up to 12 months)	
Change of cefazolin/probenecid due to treatment failure during or up to 1 month after completion (Y/N and date, D/M/Y, if Y)	

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Appendix 1 (part 3 of 4): Data collection form.

Documentation of recurrence of infection or new infection related to initial infection (Y/N and date D/M/Y if Y, after completion of cefazolin/probenecid course up to 12 months)	
Adverse effects causing D/C or change in therapy (Y/N during defined treatment course and type of event)	

Secondary Outcome Data:

	Admission	Initiation of empiric IV therapy related to bone/ joint infection	Final infective diagnosis	Discharge	End of cefazolin/ probenecid therapy (+/- 1 week)	End of IV anti-microbial therapy (if changed from cefazolin/ probenecid) (+/- 1 week)	30 days after end of cefazolin/ probenecid (+/- 1 week)	12 months after end of cefazolin/ probenecid (+/- 1 month)
Expected date or within range (D/M/Y)								
Highest daily temperature ($^{\circ}$C) Actual date (D/M/Y)								
Highest daily WBC (x 10^9/L) Actual date (D/M/Y)								
Highest daily SCr (umol/L) and CrCl (mL/min) Actual date (D/M/Y)								
CRP (mg/L) Actual date (D/M/Y)								

Microbiological Information:

Culture information available (Y/N)	Yes	No

Culture #	Date collected (D/M/Y)	Site	Gram stain date (D/M/Y)	Gram stain description (GPC, GPR, GNR, GNC)	Date verified (D/M/Y)	Organism(s)	Cefazolin sensitivity (S/R) and MIC
1							
2							
3							
4							
5							

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Appendix 1 (part 4 of 4): Data collection form.

Date of first negative blood culture if applicable (D/M/Y)	

AF: Afebrile (</= 38 C)	MIC: Minimum inhibitory concentration
CrCl: Creatinine clearance	N/A: Not applicable
CRP: C-reactive protein	NG: No growth
RA: Rheumatoid arthritis	R: Resistant
OA: Osteoarthritis	S: Sensitive
GNC: Gram negative cocci	SCr: Serum creatinine
GNR: Gram negative rods	WBC: White blood cell count
GPC: Gram positive cocci	ϕ: Not available
GPR: Gram positive rods	

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